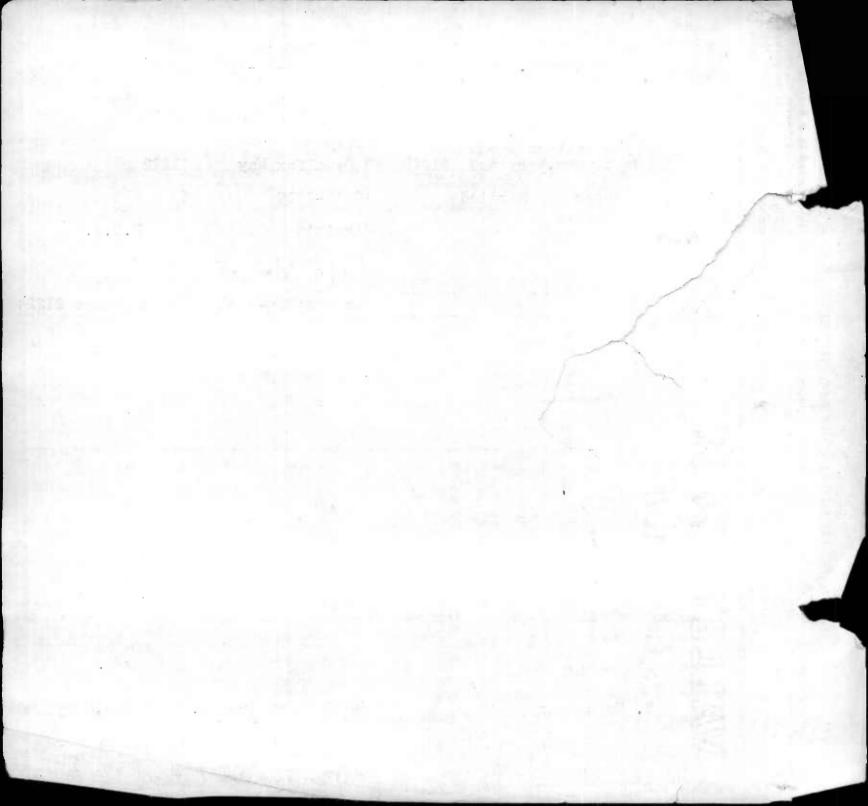
BALTIMORE	CITY	HEALTH	DEPARTMENT	
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X	CC	13	15	11
Registered	No	())	1.0	- 2 J.

3. PLACE OF DEA	Conorro	NT To	annon Nun	157		ND HOUR OF DEATH		
	ATH IN BALTIMORE MA	RYLAND	hnson Dur	14 USUAL RES	T-T,	+-1966	institution; residence be	6A
				A. STATE	B. COU	NTY		
FULL NAME O		or institution,	give street	Mary			Baltimore	
HOSPITAL OR	oddress or locatio			C. CITY OR TO	WN (If o	utside city limits, write	RURAL ond give town	ship)
1	Baltimore	City H	ospitals				03,51	
	4940 Easte	rn Ave	nue	D. STREET AD	DRESS (I	frurol, give location)		
	Baltimore,	Marvla	nd 21224	300 Co	lfax l	Nav 21	222	
. SEX	6. RACE	7. MARRIED,	NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIR		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Months: Doys Ho	Under 24 H
Female	Negro	Marr		12-18-	1919	46	TVIOLINIS DOYS THO	013
OA, USUAL OCCI	UPATION (Give kind of world	LIOB KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or for		12. CITIZEN OF	
lone during most of	working life, even if retired)			Virgin	40		WHAT COUNT	RY?
NIA	AF						U.S.A.	
3. FATHER'S NA	V/E			14. MOTHER'S				
				lula	WR	ight		
5. Wos Deceosed	Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMAN	T		ADDRESS	
	(If yes, give wor or dote	es or service)	SECURITY NO.	Record	e : BCH	Loun Eact	ern Avenue	2720
No	1				2 · DOIL	-TITU Bast		
18. / 3	a X I		CAUSE O	F DEATH			INTERVAL ONSET AN	
DISEA	SE OF CONDITION DI	RECTLY						
	ISADING TO DEATH		Sun	ALLAD EDD	O Color	MARALLA LIOI	1/11 2	1000
(This does	ol mean the mode of	dvina, e.a.,	DUE TO	carra - acc	0000	ruoma of retritatio.	700	10027
heart failure,	osthenia, etc. Il means	the diseose,		esokkas	40 - X	retritatio.	_ /	
injury or con	aplication which caused	l deoth.)		1	1			
	ANTECEDENT CAUSES		(B)					
DISEASES	OR CONDITIONS, if	gay, giving	502 10					
	e obove couse (A)		(C)					
UNDERLYING	G CONDITION lost.		H HI H H HI H H H H H H H H H H H H H H					
	H							
OTHER SIGN	FICANT CONDITIONS	CONTRIBUTING	2					
TO THE D	EATH BUT NOT RELA	ATED TO TH						
TO THE D	EATH BUT NOT RELA	ATED TO TH		20A. ALTOP	SY? (Yes or N	ol 208 IF YES WERE	FINDINGS CONSIDER	FD.
E TO THE D	CONDITION CAUSING OPERATION 198. CON WAS PER	ATED TO TH	VHICH OPERATION	20A. AUTOP	SY? (Yes or h	10) 20B. IF YES, WERE	FINDINGS CONSIDER AUSES OF DEATH?	ED
TO THE DISEASE OR 19A. DATE OF	CONDITION CAUSING OPERATION 198, CON WAS PER	ATED TO TH IT. NOITION FOR V FORMED	VHICH OPERATION SouthAR Tube	5 /10		100		
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TO THE D DISEASE OR 19A-DATE OF 21A-ACCIDE OR CONTIBU DEATH (noisity 21D. TIME OF INJURY (APPROX.)	EATH BUT NOT RELACED TO THE PROPERTION CAUSING OF THE PROPERTION OF THE PROPERTY OF THE PROPER	HOUTON FOR WEFORMED (Hour) (Hour) (Hour) (Hour) (Hour) (I) ottended the	South ATZ Tube PLACE OF INJURY (e.g., i e, form, foctory, street, o INJURY OCCURRED In At Work he deceased from	n or obout 21 C. V ffice bldg., INJUS	VHERE DID RY OCCUR?	JURY OCCUR?	T/14/66	otion)
TO THE D DISEASE OR 19A-DATE OF 21A-ACCIDE OR CONTIBU DEATH (noisity 21D. TIME OF INJURY (APPROX.)	EATH BUT NOT RELACED TO THE CONDITION CAUSING OPERATION 198. CON WAS PER WAS UNDERLYING UTING CAUSE OF medicol exominer) (Month) (Doyl (Year)	HOUTON FOR WEFORMED (Hour) (Hour) (Hour) (Hour) (Hour) (I) ottended the	VHICH OPERATION SouthAIZ Tube PLACE OF INJURY (e.g., i e, form, foctory, street, o INJURY OCCURRED Le At At Work At Work The deceased from	n or obout 21 C. V ffice bldg., INJUS	VHERE DID RY OCCUR?	JURY OCCUR?	ore City, give exect local	otion)
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TO THE DO DISEASE OR 19A-DATE OF 19A-ACCIDES OR CONTRIBUTED OF INJURY (APPROX.) 22. I certify that (I) (we) and hour one 23A. SIGNATURE OF 19A-BURIAL CRE REMOVAL (CONTRIBUTED OF 19A-BURIAL CRE REMOVAL (CONTRIBUTE	EATH BUT NOT RELY CONDITION CAUSING CONDITION CAUSING OPERATION 198. CON WAS PER WAS PER UNION (Mass Per Was P	THE TO THE STATE OF THE STATE O	PLACE OF INJURY (e.g., i e., form, foctory, street, o injury occurred in all work in edeceosed from	n or obout 21C. V ffice bldg., INJUS 21F. H 21F. H 21F. H 22F. H	where DID IN OCCUR? IOW DID IN OCCUR? Ond to ond to occupant occ	JURY OCCUR? 19to	23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 214/66 21timore Ms. City, town, or countyl ADDRE	d an the d



was D.O.A. at a hospital (except where the physician who pronounced death was in regular of deceased prideceased prior to death); and (6) No physician was in regular attendance on the deceased priwritten approval must be obtained before the remains are embalmed or final disposition is made.

Such

prior to death.

death was in regular attendance on the

		BALTIMORE	CITY	HEALTH	DEPARTM
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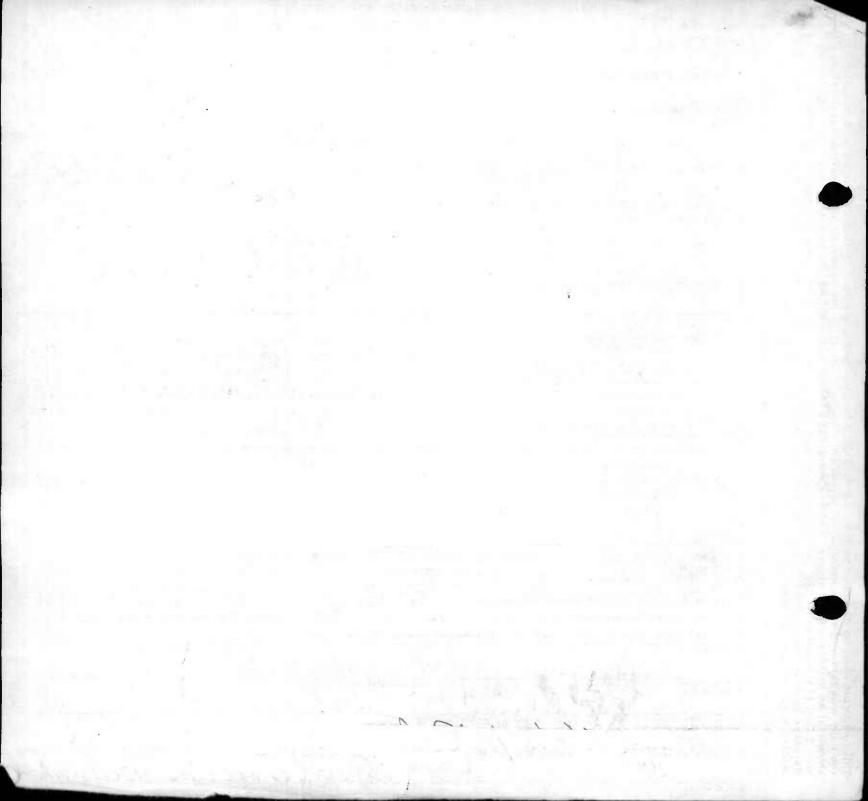
	Y HEALTH DEPARTMENT	A 00 500
BIRTH NO. 66 (11502 CERTIFICA	TE OF DEATH Registered No.	66 60503
M.E. CASE NO.		
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
CARL FARMER	1-15-66	8:458M A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	114. USUAL RESIDENCE (Where deceased lived, If ins	
	A. STATE B. COUNTY	Jan Jan
FULL NAME OF (If not in hospital or institution, give street	MARONI AND	Y - 23
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RI	JRAL ond give township)
A second	BALTIMORE	
JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If rurol, give location)	
	71150 350	-t71 Ot
		ntpelier Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours: Min.
444	7-7-94 71	
MARRIED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF
done during most of working life, even if retired)	The state of the s	WHAT COUNTRY?
Buffer Silversmith Retired	Knoxville Tenn.	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Farmer	Moure (Timber com)	
John Fal-Mer.	Mary (Unknown)	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	1450 Montpelier	Street
NO 225 03 1021	Mrs Gertrude Farmer	
18. 24 CAUSE O	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	Δ " Δ	ONSET AND DEATH
LEADING TO DEATH	jocadie water	15 muin
(This does not mean the made of dying, e.g., DUE TO	Joanace - France	/ 3 / / 3
heori lailure, asthenia, elc. Il means the disease,	·	
injury or complication which caused death,)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, if ony, giving		
UNDERLYING CONDITION last.		
11		
	^	
TO THE DEATH BUT NOT RELATED TO THE	14.000	
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	NDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAU	SES OF DEATH?
E A L	ver n	0
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i or CONTRIBUTING CAUSE OF home, form, foctory, street, or	in or obout 21 C. WHERE DID (If in Boltimore	City, give exoct location)
▼ DEATH (notify medical examiner) etc.)	mice stags, moust occor.	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED		
	21 F. HOW DID INJURY OCCUR?	
(A PPROX.) While At Work At Work		. /
		115/11
22. I certify that (I) (this hospital) artended the deceased fram	1/7/66 19 10	113 166 19
that (1) (we) last saw the deceased alive an 1/15/00	and that in (hy) (aur) apin	ian death accurred an the dat
and haur and fram the causes stated abave. (1) (Ve) (did) (did nat)		
	view the budy offer death.	CON CATE SIGNIFICA
23A. SIGNATURE		23B. DATE SIGNED
M.D. Atte	ending Med. Stoll Phys.	11131166
23C. PHYSICIAN'S	23D. ADDRESS	11.000
NAME (Type)	1 1100 11 000 0 11	0
U.K. SPENCER M.D.	U) ONTINS HOPRIAS T	1051
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City	, town, or county) (State)
REMOVAL (Specily)		
Burial 1/18/66 Parkwood Ceme	etery Baltimore Ma	ryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JAN 17 1966 P. A. E. January	Henry Sander & Sons	Inc.

VS 150-REV. 1/1/65

delfimore Maryland

Mysen when myork thetien mother The man was to the same of the

1	0.1 1/1500	BALTIMORE CITY HEALTH DEPARTMENT	00 00502	
1	BIRTH NO. GG 00503	CERTIFICATE OF DEATH	Registered No. 66 (10503	
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	read 6	and hour of death 166 Q	lax.
	FULL NAME OF (If not in hospitol or institution, groders or locotion) INSTITUTION	ve street A. STATE BECOU	here deceased lived. If institution: residence before admiss	lon)
5	Day of A	D. STREET ADDRESS	(C) M(+2/2. 19 8-	04
	5, SEX 6, RACE 17, MARRIEDA	TEUR WAY 1935 &	so Safayelle avi	11
		riled aug? 189	9. AGE (In yeors If Under 1 Yr. If Under 24 Months Doys Hours Mir	Hrs.
	done during most of working life, even if retired)	cerify Va	WHAT COUNTRY?	
	15. Was Decosed Ever in U. S. Armed Forces? (You no or unknown) (If yes, give wor or dotes of service)	14. MOTHER'S MAIDEN N. 18. SOCIAL SECURITY NO.	e Jons	
1	1B.3 / 9 O	213-14-8817 CAUSE OF BEATH	amily INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g.,	(A) CONONANA	Internet Miseast Sudden 1/10/10	66
	hearl failure, osthenia, etc. It means the disease, injury or complication which caused death.)	At Jeec	Tomay Jocalismon)	
	DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the UNDERLYING CONDITION last.	DUE TO and Ity feet ens	de Hent Misens Emple your	65
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
	194. DATE OF OPERATION 198. CONDITION FOR W	HICH OPERATION 20A. AUTOPSY? (Yes or)	No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
	U 21A. ACCIDENT WAS UNDERLYING 218. I	PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID , form, foctory, street, office bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)	
	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E.	INJURY OCCURRED 21F. HOW DID IN	NJURY OCCUR?	
	22. I certify that (I) (this hospital) attended the	e deceased from A. D. 20	19 63 10 Jan 10 19 66	2,
	and haur ond from the couses stated above. (1)		that in(my) (aur) apin on death accurred on the a	date
	23A. SIGNATURE	M.D. Attending Med. Director	Stoff Dt. 23B. DATE SIGNED	
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	Phys	
	24A. BURIAL CREMATION, 24B. DATE 24C. NAI	ME of CEMETERY CREMATORY 24D.	DOCATION (City, to por county) (Stote	e)
	25A. DATE REC'D BY HEALTH DEPT 258. NAMED	Hawary lemel	y all ind	
	JAN 17 1966 R. Crub E.	Jackey M. Fifer J. O.	Villiamos 178/1 Bone	2
	V\$ 150-REV. 1/1/65			_



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of death

		(3.3)	DISTOR		BALTIMORE CIT	Y HEALTH DEPARTMENT		Chi Williams
BIRTH NO. GG 00504 CERTIFICATE OF DEATH						Registered No	66 00504	
	M.E.	CASE NO.			CERTITION			
		e or Print) REV.	JOSEP	H M.	SCANNEL	1-1:	5 - 1966	6:15 A. N
	3. PI	LACE OF BEATH	IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (When	re deceased lived. If ins	titution: residence before admission)
	Н	ULL NAME OF	(If not in haspital address ar lacation		n, give street	Maryland	tside city limits, write R	URAL and give township)
	0 7	NOITUTION	1000	11	- cD. 6-1			
	1	10	EMCT	17	OSPITAL	Baltimore 2 D. STREET ADDRESS (III St. Mary's C		
	5. SI	EX 6. R	ACE	7. MARRIE	D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
		M	W	Neve	r Married	2-4-1921	last birthdayi	Months Days Hours Min.
			NON (Give kind of work ng life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fare	ign country)	12. CITIZEN OF WHAT COUNTRY?
2		Priest		Reli	gious	Baltimore, M	ld.	U.S.A.
5	13. F	ATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	
		-	M. Scanne			Mildred O'Ha	ra	
	15. V (Yes,	Vas Deceased Eve ,no ar unknawn) (If	r in U. S. Armed For yes, give war ar date	ces? s of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		No				Raymond Scan	nell, 513	Hollen Road
		LEA (This does not repeat foilure, asthingury at camplic ANT DISEASES OR	R CONDITION DIL DING TO DEATH meen the mode of tenia, etc. It means olian which coused ECEDENT CAUSES CONDITIONS, if bave couse (A) ONDITION lost.	dying, e.g the diseas deoth.)	(8) (4) DUE TO	CEREBRAL (PERMENSIVE CA	ENCEPHA	LOPATHY
3	ATION	TO THE DEAT	II ANT CONDITIONS C H BUT NOT RELA NDITION CAUSING I	ATED TO				
		19A. DATE OF OP	ERATION 198. CON		R WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	
	U	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of DEATH (natify medical examiner)			in or about 21C. WHERE DID INJURY OCCUR?	(If in Baltimore	City, give exact location)	
3	5	21 D. TIME (M. OF INJURY (APPROX.)	anth) (Day) (Year)	V	Not White At At Wark		URY OCCUR?	
		that 🔑 (we) Las	t saw the decease	ed alive on				ian death accurred an the date
2		23A. SIGNATURE	11 -	Co-	- 0 & - M.D. At	tending Med. Director	Staff Phys.	238, DATE SIGNED 1-15-1966

23D. ADDRESS

24D. LOCATION

(Stote)

(City, tawn, ar county)

23C. PHYSICIAN'S NAME (Type) OSEPH NOTARANGELO

MERCY HOSPITAL

1	24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of	CEMETERY of	CREMATORY
l	Burial	1/18/1966	New	Cathed	ral
1	JAN 17	1966 P. Com	AME OF ANG	LANGE AND THE STREET	H • W

Baltimore
Jenkins & Sons Maryland 4905 York Road 1to.12, Md. Co. 4

VS 150-REV, 1/1/65

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24A. BURIAL CREMATION, 24B. DATE

REMOVAL (Specify)

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VS 150-REV. 1/1/65

BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED GEOR (Type or Print) Millon 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION MErcy Hospital is made. 7. MARRIED, NEVER MARRIED 5. **SEX** WIDOWED, DIVORCED (specify) MALE WhITE 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) RETIRED 13. FATHER'S NAME disposition MARYLAND USA AUTE 14. MOTHER'S MAIDEN NAME SAMUE Elizabeth 15. Was Deceased Ever in U. S. Armed Farces 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. MRS. EDNA UNK 0 CAUSE OF DEATH INTERVAL RETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed (A) UrEMI LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, asthenio, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, GENERALIZED ARTERIOSCHEMISS rise to the above cause (A) stating the obtained before the remains UNDERLYING CONDITION last, PNEUMONITIS, Chronic LUNG dISEASE, BENIGN GASTIC Ulcen OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Sigmoid Colon CANCINOMA OS DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED DEC 22, 1965 645/7 218-MACE OF INJURY/6-g., in or obout 21 C. WHERE DID home, form, foctory, sheet, office bidg., INJURY OCCUR? GASTAIC (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDIC 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work 22. I certify that (+) (this hospital) attended the deceased from DEC 19 65 DAN that (we) lost sow the deceased alive on ... must be ond hour ond from the couses stated above. (1) (##e) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED O Attending Phys. Med. 10 Director ritten approval 23C. PHYSICIAN'S 23 D. ADDRESS prior NAME (Type 900

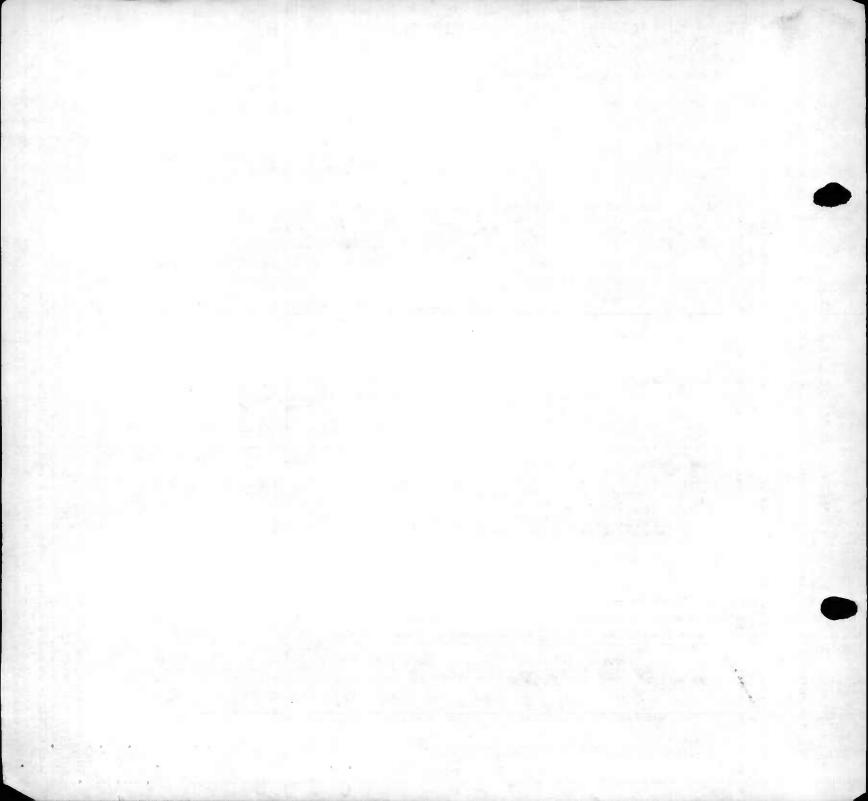
966 Moreland Memorial Park Parkville,

258. NAME OF REGISTRAR

256. FUNERAL DIRECTOR
H.W. Jenkins & Sons

Balto.Co.,

York Rd.



3. PLACE OF DEATH IN BALTIMORE, MARYLAND

oddress or location)

6210 Blackburn Lane

(Type or Print)

FULL NAME OF

HOSPITAL OR

INSTITUTION

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BALTIMORE CITY HEALTH DEPARTMENT

Registered Na.

2. DATE AND HOUR OF DEATH

	Jan.	14,	190	C	1
JSUAL RESID	ENCE (Where		lived.	If	inst

itution: residence before admission)

Maryland

(If outside city limits, write RURAL and give township)

Baltimore

ш	u.	SIKEEL ADI	JKF33	(II IOIOI, give	1000110117
		6210	Bla	ckburn	Lane

5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
F	W	Married	3-20-1890	75	110013
	CUPATION (Give kind of working life, even if ref	of work 10B, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housew	rife	Own Home	Canton, Ol	nio	U. S. A.
13. FATHER'S N	IAME .		14. MOTHER'S MAIDEN	NAME	

CAUSE OF DEATH

Margaret C. Gutting

(If not in hospital or institution, give street

Ann E. Burke

ADDRESS

Leonard E. Cooper 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) No

6. SOCIAL SECURITY NO. None

Mr. Lawrence F. Gutting

Same INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or complication which coused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stating the UNDERLYING CONDITION last.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

TION	OTHER SIGNIFICANT CONE	NOT REL
ERTIFICATION	19A. DATE OF OPERATION	
	21A. ACCIDENT WAS UNDO OR CONTRIBUTING CAUS DEATH (natify medical exomi	EOF

21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? etc.)

(If in Boltimore City, give exact location)

MEDICAL 21 D. TIME (Doy) OF INJURY (APPROX.)

(Year) (Hour) 21 E. INJURY OCCURRED Work

While At Not While At Work

21 F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an.

New 17 1965

and that in (my) (a) opinion death accurred on the date

and haur and fram the causes stated above. (1) (We) (did) (did not) view the body after death.

23A. SIGNATURE 23 C. PHISICIAN'S

Attending Phys.

Med. Staff Director L Phys.

NAME (Type)

Frederick J. Vollmer

23D. ADDRESS 6100

York Road Balto.,

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION REMOVAL (Specify) Burial Parkwood Cemetery Parkville.

(City, town, or county) Md.

23 B. DATE SIGNED

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

PLACE Work Road ADDRESS & Sons Co. Balto., Md.

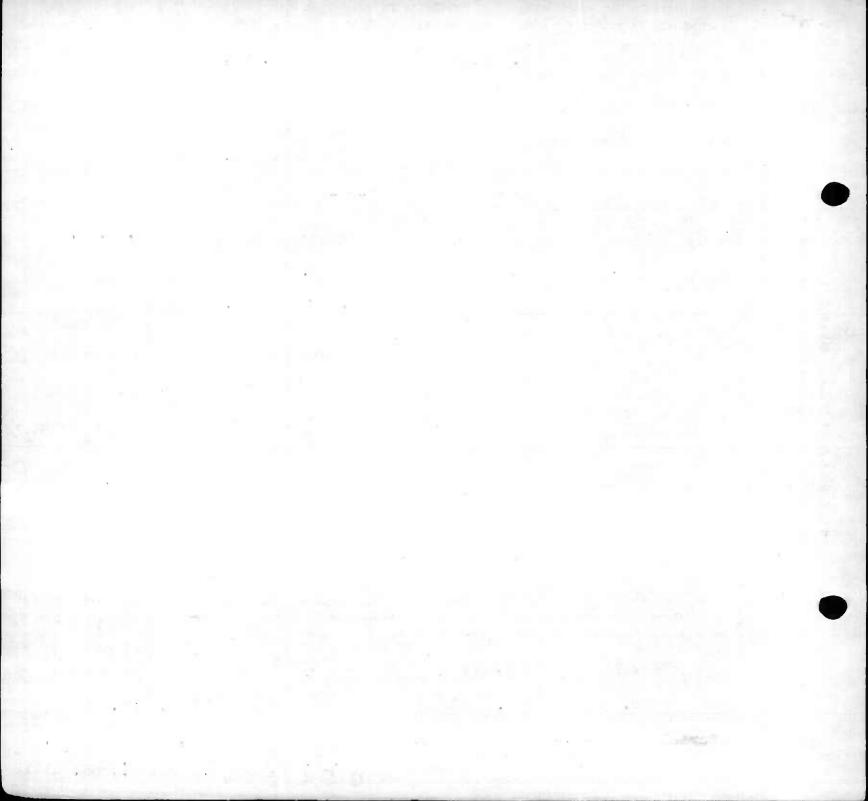
VS 150-REV. 1/1/65

IMPORTAN FUNERAL DIRECTOR:

his

A SO,

the chief medical examiner



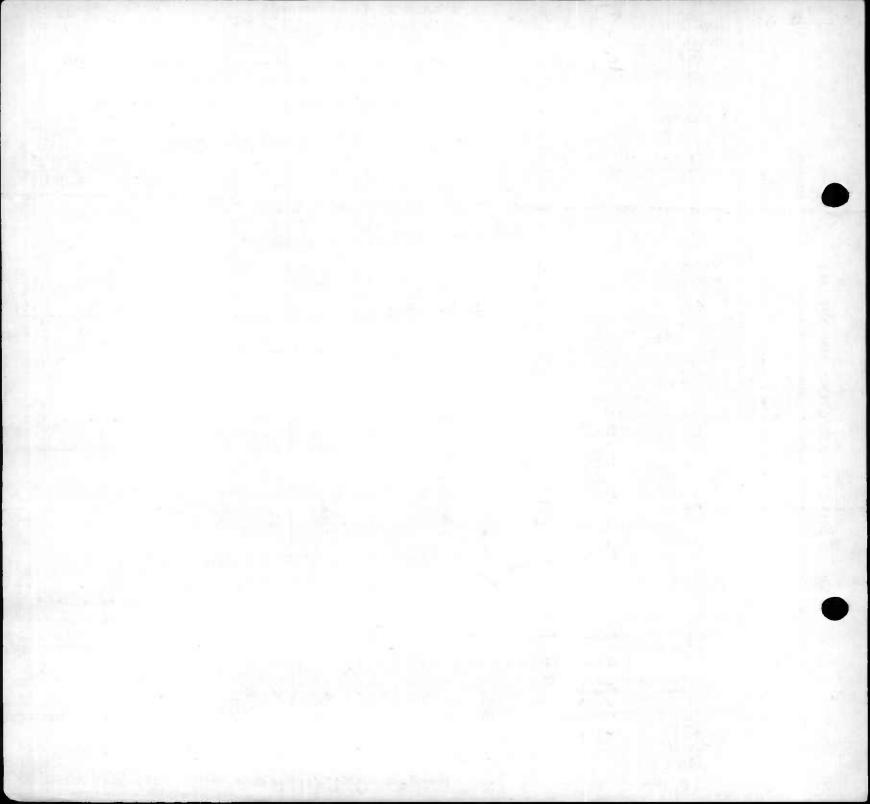
IMPORTANT FUNERAL DIRECTOR:

Such of death Deceased uo. a hospital death. ance Undetermined cause; (5) contributing cause attend 0 .5 prior occurred disposition is made. regular deceased death MOS the 4 assistant if eath 0 kind; or fina attendance any pronounced embalmed of fracture the chief medical examiner in regular who are 3 physician the remains medical MOS burns; physician Body the O before by 2 where to the hospital °Z nature; be obtained 9 approved (except and any death); of hospital must accident certificate must 0 approval O prior at the body was An O. A. eceased written shows: SD 3

the

BALTIMORE CITY HEALTH DEPARTMENT 66 00508 Registered No. 66 00508 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) CITY OR TOWN (II SAKTIMOR. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or lacation) (If autside city limits, write RURAL and alse township) INSTITUTION MEMORIAL HOSPITAL D. STREET ADDRESS (If rural, give lacation) RYONN 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. Hours WIDOWED, DIVORCED (specify) lost birthday AU. TEMPLE LAU. SINGLE

102. USUAL OCCUPATION (Give kind al work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF BIRTHPLACE (State or lareign country) WHAT COUNTRY? done during most of warking life, even if retired) HOME NONE 12 MOTHER'S MAIDEN NAME 13. FATHERS NAME Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL (Yes, na or unknown) (If yes, give war ar dates of service) SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH yeur (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at complication which caused death.) (B) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, farm, lactary, street, office bldg., INJURY OCCUR? (If in Battimore City, give exact location) MEDICAL DEATH (natify medical examiner) 21 D. TIME (Month) (Day) (Year) (Haur) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Nat While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from 1966 that (1) (we) last saw the deceased alive an ond that in (my) (our) opinion death accurred on the date and hour ond from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED below flowers M.D. Attending Med. Staff KU-17,1466 Phys. Director Phys. 23D. ADDRESS 23 C. PHYSICIAN'S NAME (Type) M.D. 24C. NAME of CEMETERY of CREMATORY 24A. BURIAL CREMATION, 248. 24D. LOCATION REMOVAL (Specify) ALTIMOREC MEIER JAN 17 1966 25C. FUNERAL DIRECTOR ADDRESS 207 H VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

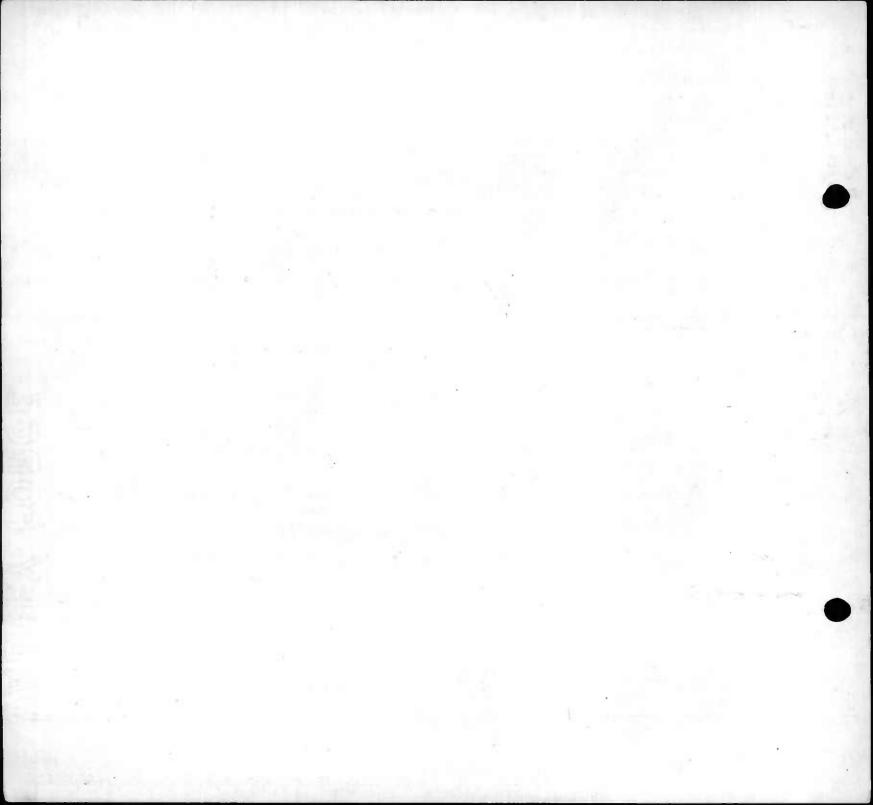
BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. M.E. CASE NO. CERTIFICATE OF DEATH Registered No.: 10509
1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission and STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township)
D. STREET ADDRESS (If rurol, give locotion)
411 S. Central AVe 1411 S. Central AVO
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
done during most of working life, even if retired)
13. FATHER'S NAME
Anthony 15. Was Decased Ever in U. S. Armed Forces? (Yes, no ogunknown) (III yes, give wor or doles of service) SECURITY NO.
NO - 217-09-5565 Althony P. Pilo 4119 Boach wood Rd. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH ONSET AND DEATH GREAT Cardina delate 4de
(This daes not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury ar camplication which caused death,)
ANTECEDENT CAUSES (B) DUE TO
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Bottimore City, give exoct locotion) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Bottimore City, give exact locotion) NJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
While At Work At Work
22. I certify that (I) (this hospital) attended the deceased fram 10 15 19 to 16 19 19
that (I) (we) last sow the deceased alive on
and hour ond from the causes stated obove. (1) (We) (did) (did not) view the bady ofter death.
23A. SIGNATURE 23B. DATE SIGNED M.D. Attending Med. Stoff
23C. PHYSICIANS 23C. PHYSICIANS 23D. ADDRESS
NAME (Type) S.C. Feldmay M.D. 1440 6 OJuly 16
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
BURIAU JAN 1866 HOLY REDEEMERICEM 14430 BELAIR RD MI 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS
JAN 17 1966 P. C. F. E. Falent O O Coffel Box due 1800 K LOMBARO
V\$ 150-REV. 1/1/65



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

	TH NO.	66 0	15)()	CERTIFICA	TE OF DEATH	Registered No.	GG 00510
1, N	E CASE NO.	15	Ja:	m es	2. DATE A	NO HOUR OF DEATH	3:20 Am
	FULL NAME OF HOSPITAL OR	(If not in hospital oddress or location	RYLAND or institution		A. USUAL RESIDENCE WHO A. STATE B. COUR BALTIMORE C. CITY OR TOWN (If of	9-	nstitution; residence before admission) RURAL and give township)
3	NSTITUTION THE JOHNS 501 N BRO		H0SF 21205	_	MARYL AND	rurol, give location)	
5. 5		EGRO	7. MARRIE	D. NEVER MARRIED	8. DATE OF BIRTH 8/15/33	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION of working		10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
13.	JAMES	BOWERS	SR.		14. MOTHER'S MAIDEN NA THOMPSON	Same	
15. (Ye:	Was Deceased Ever s, no or unknown) (If ye	in U. S. Armed For	:08?	1 6. SOCIAL SECURITY NO.	17- INFORMANT	INEZ	A DDRESS
		nio, elc. Il meons	dying, e.		ente Pulmon Cheumane V	an Elen	INTERVAL BETWEEN ONSET AND DEATH 3 No. 1
z	DISEASES OR C	ove couse (A) NDITION lost.	sloling I	he (C) 401	he Insuffea.	11603	- 20 cys.
ATIO	TO THE DEATH	BUT NOT RELADITION CAUSING 1	TED TO		20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE	FINDINGS CONSIDERED
AL CERTIFIC	21 A. ACCIDENT W OR CONTRIBUTING DEATH (notify medi	CAUSE OF] 	218. PLACE OF INJURY (e.g., in order, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?		re City, give exact location)
MEDIC	21 D. TIME (Mor OF INJURY (APPROX.)	nth) (Doy) (Yeor)	,	While At Not While Work At Work		JURY OCCUR?	
	that (I) (we) lost	sow the deceose	d alive o	A 10	19 & ond the		inion death occurred on the date
	23A. SIGNATURE 23C. PHYSICIAN'S	Eugen	ray	M.D. Atte	ending Med. S. Director	Staff Phy s.	23B. DATE SIGNED
24/	NAME (Type)	E-EUGENE DN, 24B. PATE	01	NAME OF CEMETERY OF CRI	Pohnston	BROADWAY DEAM + OD LOCATION	21205 PLAS Eity, town, or county) (State)
	BURIAL A. DATE REC'D BY H	1-17-6	6 1258. NAM	MT-CALVANY	25C. FUNERAL DIRECTO	Batemos	ADDRESS
	JAN 17 1	966 R.C.	2	FREDRIKA	E. A. W.	0 . / ,	oc Brantlow Are.



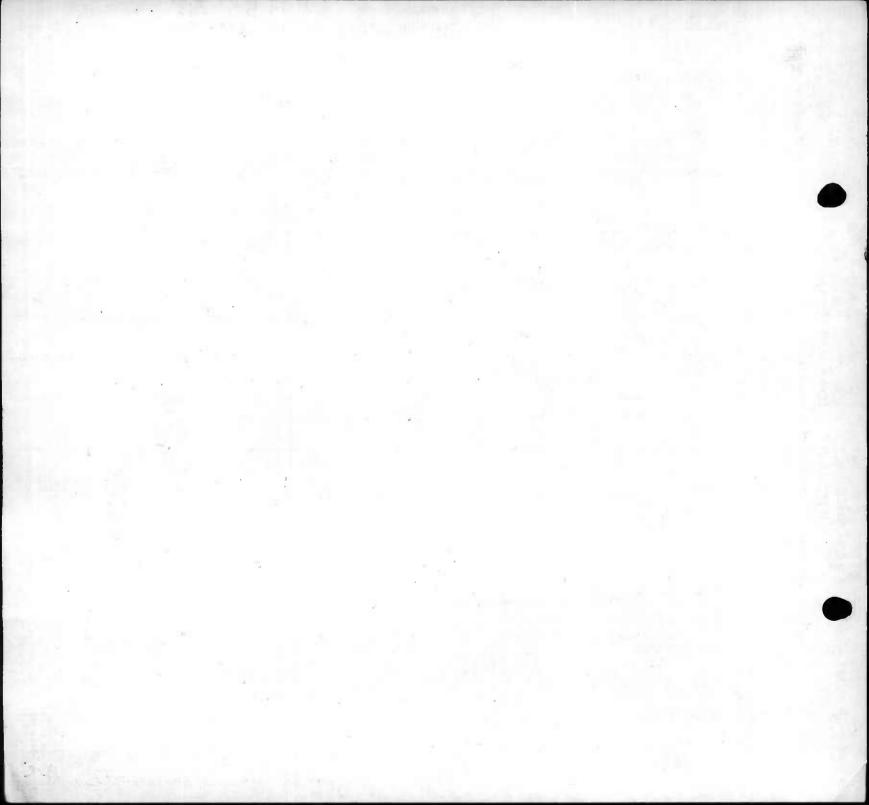
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and of the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1966

VS 150~REV. 1/1/65

M.E. CA	SE NO.	66 11	511	CERTI	FICATE	OF DEAT			it the	Sit	
(Type or	OF DECEASED			Lagaye	tte	Ja USUAL RESIDENCE	TE AND HOU anuary (Where dece		56 12	:55	Odmissi
	NAME OF (III	f not in hospital	or institution, g	give street	Α.	laryland,	COUNTY Dalti	more			
INSTIT				ıs Jospi		CITY OR TOWN	timore (If word, give		8-0	Sweep)	
5. SEX	6. RACE	erro	WIDOWED	NEVER MARRIE D. DIVORCED (sp	ecify)	1813 Et ATE OF BIRTH -31-98	9. AGE lost birt	(In years	If Under 1 Yr. Months Doys	If Und Hours	er 24 Mir
IOA, USU.		(Give kind of worl				BIRTHPLACE (State		2 (12. CITIZEN O	F OUNTRY?	
	ide cut		Tan	nerv		Virgin	nia		US		
3. FATH	ERS NAME				14.	MOTHER'S MAIDE					
	Not kno	WI				No.	t know	n			
5. Was I	Deceased Ever in	U. S. Armed For	ces?	1 6- SOCIAL SECURITY N		NFORMANT			ADD	RESS	
Unler						Wife	Same				
1B.	DISEASE OR C	/ I	RECTLY	C	AUSE OF DI	ATH				VAL BETV	
		G TO DEATH	NE C I E I	(A)	Shock	, pulmona	ary ede	ema	2hou:	rs	
	does not mean			ັນບິ	E TO						0.00 may 8 8 9 0 0
	y or complication	which coused	deoth.)	9	Proba	ble myoca	ardial	infarc	tion :	18 h	our
		DENT CAUSES		(B)	E TO						
iise	ASES OR CON fo the above DERLYING COND	cause (A)	ony, giving stoling the	(C)	Arter	iosclero	tic CV	diseas	e Yea:	rs	
ATA DISE	ER SIGNIFICANT THE DEATH EASE OR CONDIT	BUT NOT RELA	ATED TO TH			iple cere					
E &	DATE OF OPERAT	WAS PER	FORMED	WHICH OPERATE	ON	20A. AUTOPSY? (Yes	or No) 20B. IN C	No			
U 21 A.	ACCIDENT WAS CONTRIBUTING [] TH (notify medical	CAUSE OF	21 B. hom etc.)	e, lorm, foctory,	JRY (e.g., in or street, office	obout 21 C. WHERE 1 bidg., INJURY OCC	DID U R?	(If in Boltimore	City, give exoc	ct location)
21 D. OF II	TIME (Month) NJURY ROX.)	(Doy) (Yeor)			Not White	21F. HOW DI	D INJURY O	CCUR?		-	
22.	certify that (1)	(this hospita	l) ottended ti	ne deceosed fr	om Janu	ary 7	1955	to_Tanua	arr 15	1	956
that	(I) (we) last so	w the decease	d alive ons	January	15		and that in(n	ny) (our) opini	on death ac	curred or	n the
and	hour and fram t	he couses sta	ted obove. (I) (We) (did) (d	id not) view	the bady ofter de	eoth.				
23A.	SIGNATURE	nan &	Reco	2 ^	A.D. Attending	Med. Director	Stoff Phys.		zar date sig Januarj		, 1
23 C.	PHYSICIAN'S NAME (Type)	Ed	gar W.	Hull		Johns Ho			a. <u>l</u>		
1 1								_			(Sto
24A. BUR	IAL CREMATION	, 24B. DATE	24C. N	AME of CEMETE	RY or CREMA	TORY 2	24D. LOCATIO	IN (City	, lown, or cour	nty)	
24A. BUR REA 25A. DA	TIAL	1-19-	66 C	Anver	Mem.	Com.	LA	ureL		DDRESS	\

1000 Browntay

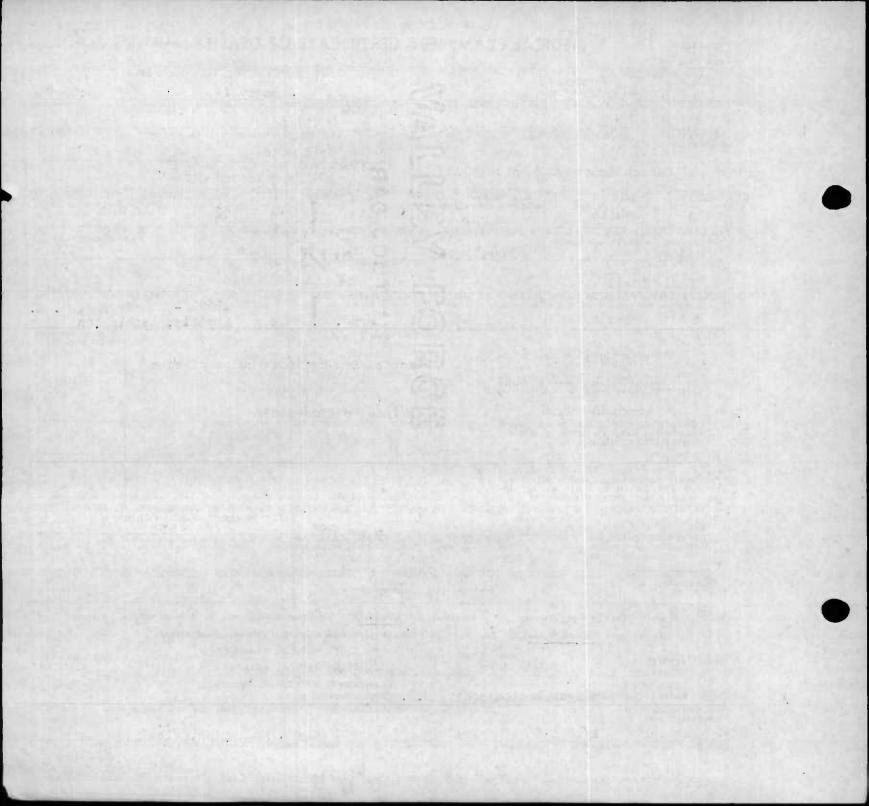


66 00512

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 0051

BIRTH NO.	ME	DICAL EX	CAMINER'S	LERTIFICAT	I E OF D	EAIH Registe	ered Na.	121.	
M.E. CASE									
1. NAME O (Type or Prin	Joseph CARL ST					HOUR PRONOUNCES 11, 1966		1:25	р.,
	BALTIMORE, MARYLAND,	WHERE PRONOI				eceosed lived. If inst		ence belore od	mission)
FULL NAME HOSPITAL O INSTITUTION	R ADDRESS OR LO	PHAL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOV		corporate limits, write	e RURAL one	give townshi	p)
	Church Home an	d Hospita	al DOA	D. STREET ADDI		give locotion) Iford Stree	t		
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	Н	9. AGE (In years	If Under	Yr. II Under	24 Hrs.
male	white	0.1	DIVORCED(specify) ngle	April 24,	, 1893	lost birthdoy)	Months	Poys Hours	Win.
	occupation (Give kind of cost of working life, even if retire				(State or foreign		12. CITIZEN	OF COUNTRY?	
13. FATHER'S	NAME			14. MOTHER'S M	AIDEN NAME				
	is Stoll			Emma	L. Kroe	ner			
	known) (If yes, give wor or o	dotes of service)	SECURITY NO.	MrsJ. J.	Wallson	12222 -	address 2nd Av	enue, N	. W.
18.	7 7 7 7		CALL	SE OF DEATH	Walker	Seattle,		ng Lon	WEEN
7	7 7 1		CAO	JE OF DEATH				ONSET AND	DEATH
0	DISEASE OR CONDITION LEADING TO DEA	DIRECTLY	Hyper	rtensive ca	rdiovace	nular dicas	000		
heort	daes not mean the mode failure, asthenia, etc. If me or complication which caus:	of dying, e.g.,	(A) Hyper	- CONSTVC Ca					
	ANTECENDENT CAL		"Fibri	inous peric	arditis				
RISE T	ASES OR CONDITIONS, II TO THE ABOVE CAUSE (A) ERLYING CONDITION LAS	STATING THE	DUE TO						
Z			(C)						
Ĕ	II II								
₩ TO 1	R SIGNIFICANT CONDITION THE DEATH BUT NOT ASE OR CONDITION CAUS	RELATED TO T							
.		ONDITION FOR PERFORMED	WHICH OPERATION	20A. AUTOPSY yes	1	OB. IF YES, WERE FIN CERTIFYING CAU			
O UNDERLY	YING OR CONTRIB- CAUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., form, loctory, street,	office bldg., INJURY	VHERE DID (III	I in Boltimore City, gi	ive exoct loc	otion)	
OF INJU	RY		WHILE AT NO.	T WHILE WORK	IULNI DID WO	RY OCCUR?			
22.	certify that I held an	Inquiry 🗌	Inspection A	utopsy X and	d that on this	basis, death in r	my apinian		
	resulted fram: Natural	causes XX	accident Spic	ide Homici	de 🗌 Ui	ndetermined mann	er 🗌		
100		75 P.	> (/		EDICAL EXA			DATE SIGN	NED
SIG	TUAL NATURE	Surce	White M.	D. ASSISTANT MI				1-12-66	
NA		r Breiter	necker, M.b.	ASSOCIATE M	EDICAL EX	AMINER	- 1144		
23A, BURIAL REMOVAL (S			C. NAME of CEMETERY				, town, or co	unty) (S	tote)
	oval 1/18/		Arlington	National Ce	emet. Ar.	lington, Vi	rginia	DDRESS /	, la
24A. DATE R	REC'D BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNERA	AL DIRECTOR		AD	DRESS	m



1966

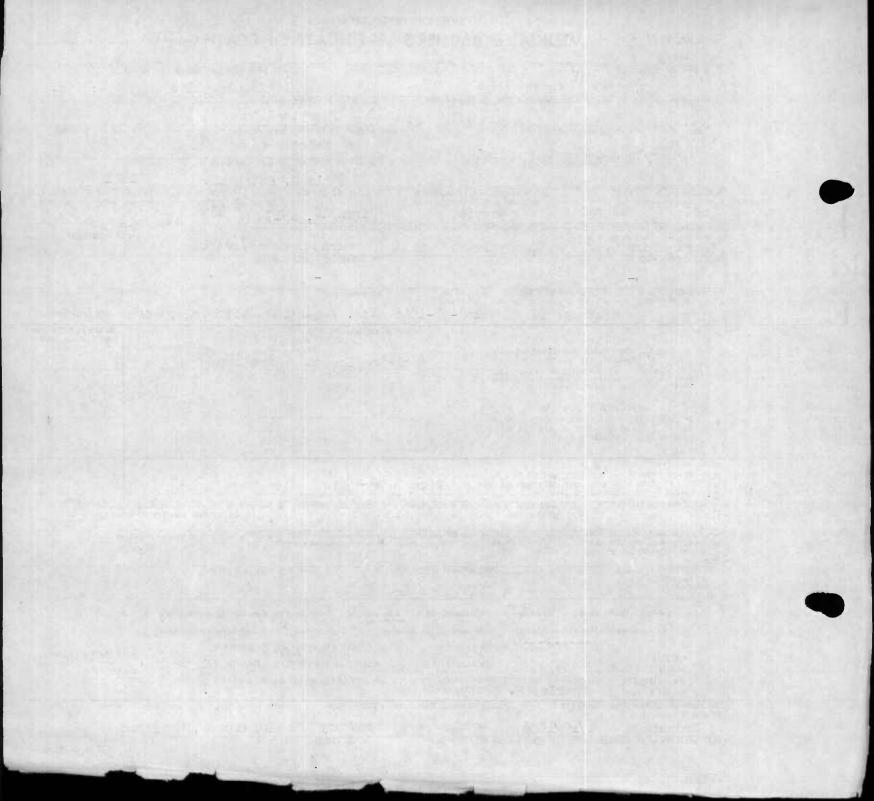
VS 150-REV. 1/1/65

			BALTIMORE CITY	HEALTH DEPAR	RTMENT	
100	H NO.	66 005	3 CERTIFICA	TE OF DE	ATH Registered No.	-66 00513
1, N	AME OF DECEASED				2. DATE AND HOUR OF DEATH	1
1	e or Printly E135	TER, IND.	RRY G.		1/14/66	12 10 a.m.
3. P	LACE OF DEATH IN	BALTIMORE, MARYLAND		4. USUAL RESID	B. COUNTY	institution: residence before admission)
F		(If not in hospital or institut address or location)	on, grve street		2/2/2 VN (If outside city limits, write	RURAL and give township)
1	UNIC	N MOHO,	RIBL HOSP.		RESS (If rurol, give locotion)	
1					YORK RODE	
5. S	M CA	QUC - WIDO	HED, NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	81 lost birthday)	If Under 1 Yı. If Under 24 Hrs. Months Doys Haurs Min.
done	USUAL OCCUPATION	N (Give kind of work 108, KIN)	t. Monument	11, BIRTHPLACE	(State or foreign country)	12, CITIZEN OF WHAT COUNTRY?
	andy Man	< dgul	Company	MA	RYLAND	
13.	FA RS NAME			14. MOTHER'S M		
	WEBST	ER, LUTHE	R		BLOOM, Mary C	•
15. V (Yes	Was Deceased Ever in , no or unknown llf yes,	U. S. Armed Forces? , give war ar dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	None	214-14-0412		DRT	
	18.331X	1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
		CONDITION DIRECTLY NG TO DEATH	DE	SPIRAT	MANDARISHS	2 WEEKS
		on the mode al dying, ia, etc. II meons the dise	e.g., DUE TO	- 0- 00	ORVPROBLEMS EL UA SULA A	a ween J
		on which coused death.)	ase,	COBNT	SE CHSONA	
	ANTEC	EDENT CAUSES	180		NE DUODENA	/
		NDITIONS, if any, give cause (A) stoling	ving	(11 (5)	R	
li l	UNDERLYING CON		(C) 60	NERA	LIZED ARTER	70
_		11			SLEROS	
ATION	OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDI	CONDITIONS CONTRIBL BUT NOT RELATED TO TION CAUSING IT.	TING THE			
ERTIFIC	19A. DATE OF OPERA	WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPS	(Yes or No) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
CERT	21A. ACCIDENT WAS	G-I BLE	21B. PLACE OF INJURY (e.g., in	o or obout 21 C WI	HERE DID (If in Boltima	ne City, give exact location)
CAL	OR CONTRIBUTING DEATH (notify medico	CAUSE OF	home, farm, foctory, street, of	fice bldg., INJURY	OC CUR?	The Stry, give exact tocallotty
MEDI	21 D. TIME (Month	h) (Day) (Year) (Haur)	21E. INJURY OCCURRED		W DID INJURY OCCUR?	
2	(APPROX.)		While At Work Nat Work			
	22. I certify that (!) (this hospital) attend	ed the deceosed from	1/5/6	6 19 to /	114 1866.
	that (I) (we) lost s	ow the deceased olive				inion deoth occurred on the dote
		the couses stoted obov	e. (I) (We) (did (did not) v	iew the body of	iter deoth.	
	23A. SIGNATURE	7 11.			-1 - 5-4 -1	23B. DATE SIGNED
	-0.1	V. / Vern	Phy		irector Phys.	1/14/66
	PAME (Type)	Y VD # 110 K VDa sted	Desire British	23D. ADDRESS	MULANE AMENDO ALALA	HOSDITAIS C
244	BURIAL CREMATION	STREWS VAND				HOSPATAD15 DC
24A	REMOVAL (Specify)		C. NAME of CEMETERY of CRE		24D. LOCATION	City, town, or county) (State)
254	Burial	1/17/1966	Springfield Cem	etery	Sykesville, M	aryland

TAL 3304 TV = 108 mg and a managine and a man

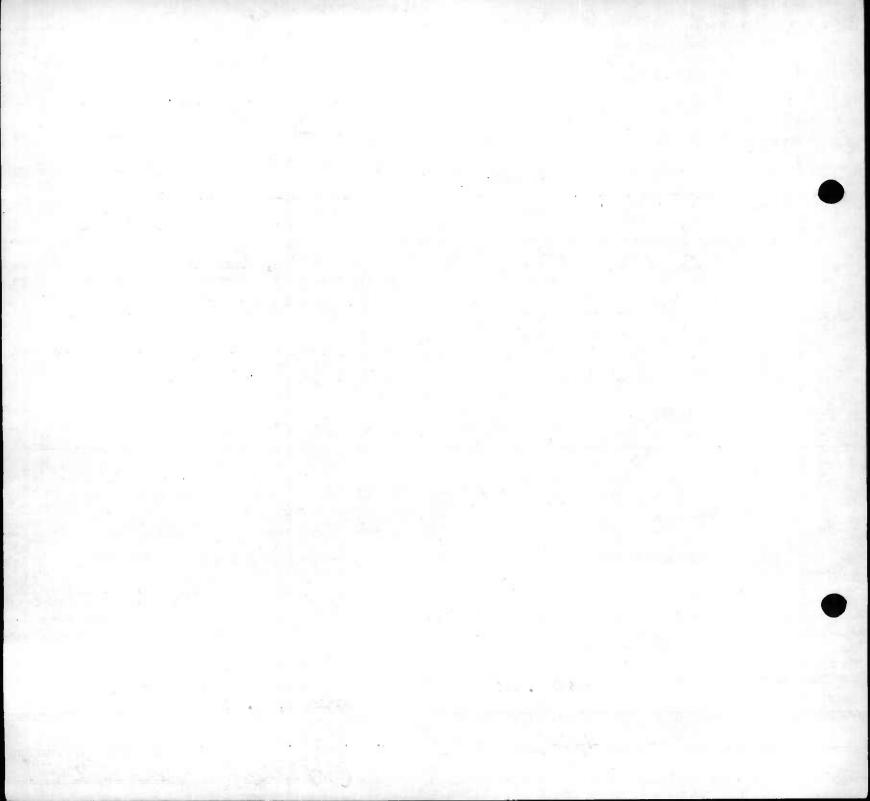
BALTIMORE	CITY HE	LITH DEDA	DTAACNIT

1	TH NO. 66	0051 MEDI	CAL EX	KAMINER'S CI	ERTIFICATE C	OF DEATH Registe	ered No	10544
1.	E. CASE NO.	CEASED ++			2. DA1	E AND HOUR PRONOUNC	ED DEAD	
(T)	pe or Print)	V	OTZBERGI	ER		January 1966		4:30 a.
3.		IMORE MARYLAND, W			4. USUAL RESIDENCE (Where deceased lived. If ins	titution: res	
FLI	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET	Marylar	nd		
HC	STITUTION	ADDRESS OR LOCA	TION)	J. J. W. B. B. R. C. L.		outside corporate limits, write	e RURAL d	ond give township)
0	Mary	land General	Hospit	al al	Baltimo	P 6	1	
8	Terri de la				D. STREET ADDRESS (II		212	201
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	Ettaw St.		er 1 Yr. If Under 24
	male	caucasian	widowed,	DIVORCED(specify) rried	March 19, 19	17 Lost birthdoyl	Months	Doys Hours A
		JPATION (Give kind of work working life, even if retired)		F BUSINESS OR INDUSTRY	-		12. CITIZ	ZEN OF AT COUNTRY?
5	short Ord	ler Cook	Coney	Island Grill		ennsylvania		
3.	FATHER'S NAM	NE .			14. MOTHER'S MAIDEN	NAME		
	WAS BOOK	ED ELIED 181 (1.0. 1.0.1.		11. 00 01.		A 10.11 - 15.5		
		O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRES	S
	Yes	World War	II	188-07-1546	Mrs. Augusti:	ne Shotzberger	same	e address
	18.420	1,0	14 5 6	CAUSE	OF DEATH			INTERVAL BETWI
	DISEAS	SE OR CONDITION DI		Mary Hole -		TAR HELDER TO		J. T.
	(This does n	LEADING TO DEATH		(A) Arteri	losclerotic he	eart disease		
	heort foilure,	osthenio, etc. It meons	the diseose,	DUE 10				
	DISEASES RISE TO TH	INTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST NG CONDITION LAST.	NY, GIVING	OUE TO				
Z				(C)				
ERTIFICATION	TO THE	II NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING	ATED TO T		irrhosis		***********	
CERT		OPERATION 19B. CON WAS PER!	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes o	IN CERTIFYING CAU		
SAL	21A. EXTERNAL	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g., i	n or obout 21C. WHERE I	DID (If in Boltimore City, g	ive exoct I	~
EDICA	UTING CAU	SE OF DEATH.	etc.)	e, form, foctory, street, o	mee biag, INJURT OCCU	ik:		
×	21 D TIME	(Month) (Doy) (Yeor) (Hour) 2	TE. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
	(APPROX.)		m.	WHILE AT NOT NORK	WHILE ORK			NEW THE
	22.	ify that I held an I	nquiry 🗌	Inspection Aut	apsy 🔀 and that	on this basis, death in a	my apinia	ın
	resul	ted from: Natural cau	uses X	Accident Suicide	Homicide	Undetermined monn	er	
	F-9-19-5	<u>- 1</u>	- /	/	CHIEF MEDICA			
	ACTUAL		les 1/a	els un	ASSISTANT MEDICA			DATE SIGNE
	SIGNAT	FR'S		1	ASSOCIATE MEDICA		1/	/15/66
	NAME (Type) Charle	es S. P					
	MOVAL (Specify		23	C. NAME of CEMETERY o	CREMATORY	23D. LOCATION (City	, town, or	county) (State
	Cremati		966	Loudon Park C	rematory	Biltimore, Ma	ryland	d
24		BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C, FUNERAL DIRE			ADDRECE
	IANT	7 1966 00	523	Ca. Cap MA	121 17	. 1 18	3	etimory?
VS	151-REV. 1/1/		10 -10	7 1 10 0	m.f.	extense of Son	0 7	Jewest and
4 3	191-MFA 1/ 1/	0.0		0.3	-			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	00 00515	BALTIMORE CITY	HEALTH DEPARTMENT		
BIR	тн но. 66 00515	CERTIFICA	TE OF DEATH	Registered No.	3 00515
	E CASE NO.				
	pe or Print) Still, Mary	3- Vella-	2. DATE AND	5766	11:55 P.M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	a justice	4. USUAL RESIDENCE (Where		nstitution: residence before admission)
	FULL NAME OF (If not in hospital or instituti HOSPITAL OR address or location) INSTITUTION	on, give street	C. CITY OR DWN (If outs	Baltimo	
1/	monteledo State Hey	relat	Bundalk	urol, give location)	53-00
	10 p 11 co occor 1 p		1911 middle	end Roo	L
5.		HED NEVER MARRIED WED DIVORCED (specify)		ost birthday	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A USUAL OCCUPATION (Give kind of work 108, KINE ne during most of working lite, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	on country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A F	
	noak H. Kester		2 1	Elizabeth	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown! (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT HOSpilal Re	condel	A DDRESS
	18. / - / /	CAUSE O			INTERVAL BETWEEN
	DISEASE OF CONDITION DIRECTLY		•		ONSET AND DEATH
	LEADING TO DEATH	(A) (P)	leno cievenon	nev OX	3 years)
	(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO	3 ()	7 2 7	
	injury or complication which caused death.)	ose,	Vagena e la	ear order	seen
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if ony, give	DUE TO	w.		
	rise to the obove couse (A) stoting		00.000770.00.00.0700.000070.0000000000		
	UNDERLYING CONDITION Iosi,				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE			
ERTIFICA		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, larm, foctory, street, of etc.)	or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimo	re City, give exact locotion)
1 5	21 D. TIME (Month) (Dov) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
WE	(APPROX)	While At Work Not White			
	22. I certify that (1) (this hospital) attended		11/15-165	9 10 1/1	5/66 19
	that (I) (we) lost sow the deceased alive	1/1/- 1//			inion death occurred on the date
	and hour and from the couses stated abov	e. (1) (We) (did) (did not) v			
	23A. SIGNATURE - O - O -				23B. DATE SIGNED
	trancel T. Fran	M.D. Atte	ending Med.	Stoff Phy s.	1/15/66
	23C.PHYSICIAN'S Daniel G. Le			lo State H	osmi tal
	NAME (Type) Danted G. IR	M.D.	Baltimore, Md		o o Lw one è
24	A. BURIAL CREMATION, 24B. DATE 249 REMOVAL (Specify)	. NAME of CEMETERY or CRE			City, town, or county) (State)
0.0	Burial 1/19/1966	Meadowridge Mem	. Pk. Cemet. El	kridge, Ma	ryl and
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAT	AE OF RESISTAN	25C. FUNERAL DIRECTOR	6 -	Balto, md.
1	150 PEV 1/1/46	6 6 0	any va	mener of	nono ruttagera,

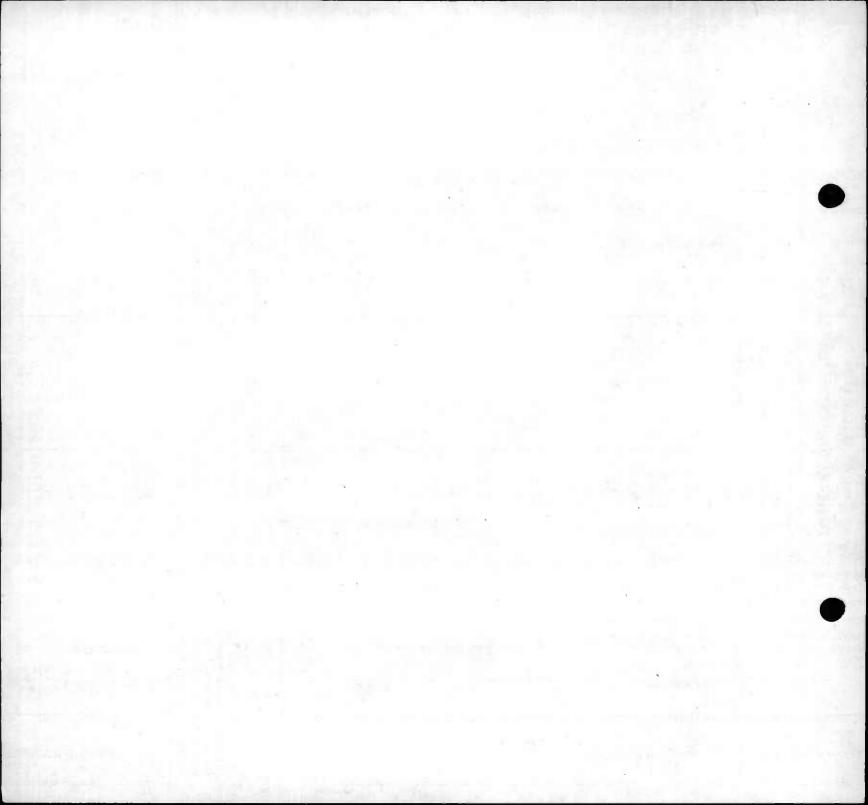


VS 150-REV. 1/1/65

BALTIMORE	CITY HEALTH	DEPARTMEN
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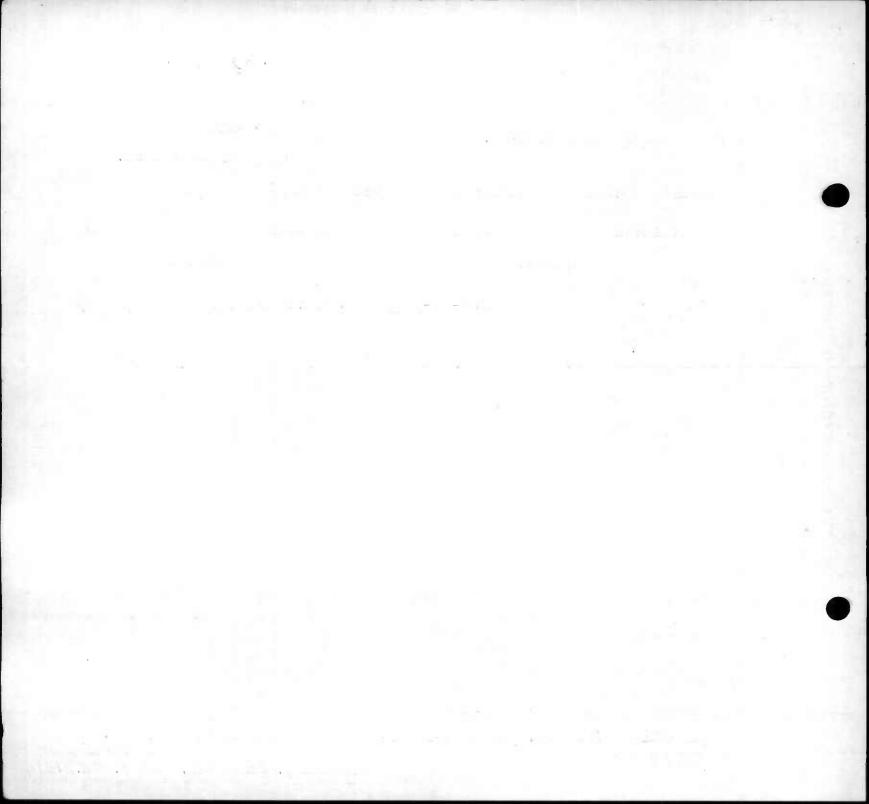
	(36)	111151	0
Registered	No.	The state of the s	D

TH NO. E CASE NO. 66 00516 CERTIFIC	CATE OF DEATH Registered No.	66 00516
IAME OF DECEASED	2. DATE AND HOUR OF DEATH	.00
PLACE OF DEATH IN BALTIMORE, MARYLAND	13 January 190	
FULL NAME OF (If not in hospital or instilution, give street HOSPITAL OR address or location)	4. USUAL RESIDENCE (Where deceosed lived, If in A. STATE B. COUNTY Baltons C. CITY OR TOWN (If outside city limits, write	ne 4-02
Baltmore, mary land	Baltomone D. STREET ADDRESS (If rurol, give location)	27
taltomore many land	1706 /2 W. Saratag	a st.
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDQUED, DIVORCED (specify 5/7/9/2	8. DATE OF BIRTH 9. AGE (In years lost birthday) 1 Jan 1930 36	If Under 1 Yr. If Under 24 H Months Ooys Hours Min.
LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU eduring most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dalesman	Pannsy Vania	USA
Virgil Ector	14. MOTHERS MAIDEN NAME A/ICE	
Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL Spring representation of the social service SECURITY NO.	17. INFORMANT	ADDRESS
SECURITY NO.	ALICE E. TROUPE YYS CA	THERINEST BETH N.J.
	SE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury of complication which caused death.)	Agocardial infraction	20 min
		~~ ~~~~
DISEASES OR CONDITIONS, if ony, giving		
rise to the obove couse (A) stoling the (C)UNDERLYING CONDITION lost.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE SUVEYEYE DISEASE OR CONDITION CAUSING IT.	for partial intestical obstru	ection 10 da
194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED TAXABLE TOURS OF STREET	ction IN CERTIFYING CA	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e) home, form, foctory, streetc.) DEATH (notify medical examiner)	e.g., in or obout 21C. WHERE DID (If in Boltimor et, office bldg., INJURY OCCUR?	e City, give exoct locotion)
	While M/M	
22. I certify that (this hospital) attended the deceased from	31 Dec 1965 to 13	Jan 1966
that (1) (we) last saw the deceased alive on 13 Jan	19 66 ond that In (69) (aur) api	
and hour and from the causes stated above. (We) (did) (did) in 23A. SIGNATURE	ét) view the body after deoth.	23 B. DATE SIGNED
Caliero Stalt, M.D.	Attending Med. Stoff Phys. Phys.	13 Jan 66
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	University Wospitali,	ity, town, or county) (Stote
161.2. 11/19/1/ 2018/4/h	urn Baltin	ore Mid-
A. DATE REC'D BY HEALTH DEPT. 258. MAMEJOF EIGHSTRAR	25C. FUNERAL DIRECTOR	ADDRESS



BALTIMORE	CITY HEALTH	DEPARTMENT

	H NO. CASE NO.	A Park	517	CERTIFICA	TE O		Registered No.		
1. NAME OF DECEASED Herman Brinker				Brinker	Jan. 15, 1966. 12 30 Pm.				
FULL NAME OF (If not in hospital or institution, give street oddress or location) 10 6305 McClean Blvd.						A. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) A. STATE Md. C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 6305 Mc(Lean Blvd.			
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED White Widowed (specify)						30,1889	9. AGE (In years lost birthdoy) 76	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS of done during most of working life, even if retired) Retired Baker				3 1				12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Unknown					14. MOTHER'S MAIDEN NAME UNKNOWN				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) $16. SOCIAL$ SECURITY NO. $16. SOCIAL$ SECURITY NO. $16. SOCIAL$						17. INFORMANT ADDRESS A Mr. Harry Brinker (Same)			
TION	UNDERLYING CONDITION Iasi,				DUE TO Fent Failur By Dukiteles Melletin (C)			years	
CERTIFICATION	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED			OR WHICH OPERATION		20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDE IN CERTIFYING CAUSES OF DEATH?			
_	OR CONTRIBUTING CAUSE OF			21B. PLACE OF INJURY(e.g., in or obtaine, form, foctory, street, affice bld etc.)		or obout 21 C. WHERE DID (If in Boltimore City, give exoct locotion) te bldg., INJURY OCCUR?			
	21D. TIME (Month) (Doy) (Year) (Hour) 2			ille At Not Whi		21F. HOW DID INJURY OCCUR?			
	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive an ond haur and from the causes stated obave. (I) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE Attending Med. Phys. Attending Med. Director Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) (F2CNAGE H. BECK M.D. B								
(REMOVAL IS	ion 1/1//0	6. Gri	eenmount (re	emato	ry		ity, town, or county) (State) one, Md.	
	JAN 17	1966 Person	E G	C C C C	149	nard J.	Ruck Inc.	Balto. Md. 21214	

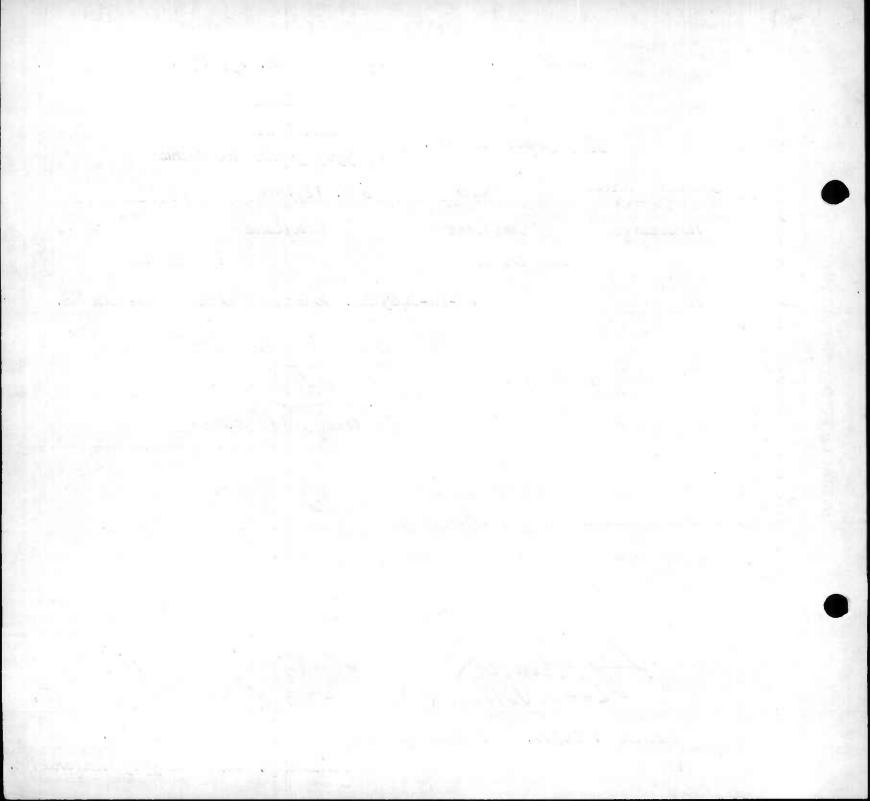


	1561	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 66 00518							
	the the	MRTH NO. M.E. CASE NO. Registered No. Registered No.							
	Su Su	1. NAME OF DECEASED Kenneth J. Aylmer 2. DATE AND HOUR OF DEATH (Type or Print) Yan. 15, 1966. 19:55 P. M.							
:	# D O O	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution, residence before admission A, STATE B, COUNTY							
	a hos cause e; (5) ndanc to de	FULL NAME OF (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Dattimore #34							
	atte	Union Memorial Hospital D. STREET ADDRESS (If rural, give location) 2409 Gainsborough (ourt							
	occurred ontributi ermined regular sased pr	5. SEX Male 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Windows Doys Hours Min. 49 Months Doys Hours Min.							
		10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF							
	or nde irio	Serviceman G. & E. Co. Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME							
=	istant if he directind; (4) death we ce on the	James R. Aylmer Louise Hensler							
TAN		15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of ynknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Same)							
IMPORT	his ass so, if t of any b unced endan	18. 4 2 0 INTERVAL BETWEEN ONSET AND DEATH							
W T	ner or ner. Als acture pronou ular att mbalme	LEADING TO DEATH (This does not mean the made of dying, e.g., heart lailure, asthenia, etc., II means the disease,							
OR		ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES							
RECI	l exam exami (3) A fr n who in reg s are e	DISEASES OR CONDITIONS, il any, giving rise la lhe above cause (A) stating the UNDERLYING CONDITION lost.							
L DIR	medical ledical burns; hysicia n was remain								
ERA	E Y G D O	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. UNDESCRIPTION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED							
UNER	by a 2) Bod e the physic								
	by the pital by re; (2) where No ph	DEATH (notify medical examiner) etc.)							
	atu pt (6)	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work							
	o the control (exceet); and	22. I certify that (I) (shis hospital) attended the deceased from 1900 that 1954 to flow opinion death occurred on the date of the following opinion death occurred on the date							
	leased to ident of hospital o death)	ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
	ccide ccide ccide to d to d	Mules F. Folk M.D. Attending Med. Director Phys. 17, 1966							
	y was r (1) An a 3.A. at a d prior	23C. PHYSICIAN'S NAME (Type) NELVIN F. POLEK M.D. 3603 BELAIR ROAD.							
	D.O.D.C	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, 10wn, or county) (Stole) Burial 1/19/66. Baltimore (emetery Baltimore Md.							
	This certhe bod shows: was D.C decease written	JAN 17 1966 Registral Leonard J. Ruck Inc. Balto. Md. 21214							

VS 150-REV. 1/1/65

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

				BALTIMORE CITY HEALTH DEPARTMENT 66 00519					
BIRTH NO				CERTIFICATE OF DEATH Registered No.					
M.E. CAS	OF DECEASED				2. DATE AN	ND HOUR OF DEATH			
(Type or P	Print)	Lett	ie E.	Collenbe		//	3 P.		
3. PLACE	PLACE OF DEATH IN BALTIMORE, MARYLAND				4. USUAL RESIDENCE (Whe	ere deceased lived. It insti	itution; residence before odmission)		
	FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION				A. STATE B. COUN	1	0-97		
					Maryland				
INSTITU					C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
0	5503 Gwynn Oak Ave.				D. STREET ADDRESS (If rurol, give location)				
					5503 Gwynn Oak Avenue				
E CEV					1 22 2 3				
5. SEX Jemo			WIDOWED.	DIVORCED (specify)	Feb. 12,1880	79	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.		
	AL OCCUPATION g most of working, lit		IOB, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?		
11	susewite		Own to	lome	Marula	nd	USA		
	ER'S NAME		0.0.0.7		14. MOTHER'S MAIDEN NA	ME	V.57 1		
		Willia	m Smith			? Wil	son		
	unknown) (If yes,			6. SOCIAL SECURITY, NO.	17. INFORMANT		ADDRESS		
No		9.10 1101 01 0101	2	17-16-6485	Mrs. Dorothy	Miciche	Belair Md.		
18	3 m / 4	1		CAUSE O	DEATH /	2 0 0	INTERVAL BETWEEN		
1	DISEASE OR C	ONDITION DIR	ECTLY			1 6 1	ONSET AND DEATH		
		G TO DEATH		(A) CE	rural W	cci alui	**************************************		
(This	does not meor	the mode of	dying, e.g.,	DUE TO	\ /				
	l loilure, osthenic y or complication				Mark Ton Vouse	400	1 //		
	ANTECE	DENT CAUSES		(B)	Typerionse	177	Morral Giar		
DISE	DISEASES OR CONDITIONS, if ony, giving								
rise to the obove couse (A) sloting the (C) (MMM) Clare						soul			
UNDERLYING CONDITION lost,									
2		11	3.4100404-0444-						
≧ TO	THE DEATH	BUT NOT RELAT	TED TO THE				V D		
	ASE OR CONDIT	ION CAUSING IT		ICH OPERATION	20A. AUTOPSY? (Yes or N	all 208 IE VEC WERE SIX	IDINGS CONSIDERED		
19A. [DATE OF OPERAL	WAS PERF		TOR OFERATION	AUTOPSTETIES OF IN	IN CERTIFYING CAUS	SES OF DEATH?		
₩ 21A	ACCIDENT WAS	IINDERI VING	21g Bi	ACE OF INSTRUVERS :-	or obout 21 C. WHERE DID	(It in Baltimers (City, give exact location)		
_ OR C	ONTRIBUTING	CAUSE OF	home,	larm, foctory, street, of	ice bldg., INJURY OCCUR?	With Bulling (ony, give exoci location		
0	H (notity medical		etc.)						
Q 21 D. 1	TIME (Month)	(Doy) (Yeor)		JURY OCCURRED	21F. HOW DID IN:	URY OCCUR?			
€ (APPR			While Work	While At Not While At Work					
19/3							n 15 1011		
	22. I certify that (I) (this hospital) attended the deceased from 1965 19 to 2011 1966,								
	that (I) (we) last saw the deceased alive an								
	and haur and from the causes stated above. (1) (We) (dtd) (did nat) view the body after death.								
23A. SIGNATURE							3B. DATE SIGNED		
	M.D. Attending Med. Staff Phys. 115/66								
23 C. P	23C. PHYSICIAN'S // 23D. ADDRESS								
	NAME (Type) Lee J. Volenick M.D. 4710 Liberty State Bally M.								
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)								
REMOVAL (Specify)							A 0		
064	Durial	1/10/0	o. ra		etery	Baltimo			
25A. DAT	E REC'D BY HEA	CC O	25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	Ruhl On-	5305 Harford R		
્ય	MN 17 19	bb Colyes	がらび	Jeog Man	Leonara y	NURR YNC	JOUS HOURONA IN		
VS 150-RE	EV. 1/1/65		. 1.7	120	0 9 1				



VS 150-REV. 1/1/65

		HEALTH DEPARTMENT	(36 00520
BIRTH NO. 66 1051	CERTIFICA	TE OF DEATH	Registered No.	003.0
Type or Print)	Amelia Doubbe	(Esler) /-/	6-1466	14, 45p, M.
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If insti	itution: residence before admission)
HOSPITAL OR oddress or locotio	or institution, give street of marrial Hospital	C. CITY OR TOWN (If outs	ide city limits, write RU	JRAC ond give township)
14 Baltimore			irol, give location)	Lane 2,2,4
-female Camaia	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9.	. AGE (In years	If Under 1 Yr. It Under 24 Hrs. Months Doys Hours Min.
IDA, USUAL OCCUPATION (Give kind of wordone during most of working lite, even if refired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore;	Maryland	U.S.A
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	IE	
Frank Doll	e,	Ţ	Jnknovn	
5. Was (Deceased Ever in U. S. Armed Fo (Yes, no or unknown) (If yes, give wor or date	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No Winkwim		Mr. Leroy Esler		(Same)
18. 44. 5	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DI LEADING TO DEATH	RECTLY	stined than	aci	ONSET AND DEATH
(This does not meon the made at heart failure, asthenia, etc. It means injury or complication which caused		antic and	eurysm	
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if rise In the obove cause (A) UNDERLYING CONDITION last.	ony, giving			and
_ 11				
OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING	ATED TO THE			
WAS PER	- 1 12-1	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED
. OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of	or obout 21 C. WHERE DID	(It in Boltimore	City, give exoct locotion)
DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY	/40	21F. HOW DID INJU	Inv Occilina	
OF INJURY (APPROX.)	While At Not While Work	e m	KY OCCUR?	
	I) ottended the deceased from	4	66 to 9	la 1 /6 19 66
that (1) (we) last saw the deceas	1)		V	an death occurred on the date
and hour and from the couses sto	ted obove. (l) (We) (did) (did not) v	riew the body after death.		
23A. SIGNATURE	4-7			23B. DATE SIGNED
Gay .	1.6	s. Med. S	'hy s.	1-16-1966
23C. PHYSICIAN'S NAME (Type) DR.KANG	FAN M.D.	23D. ADDRESS	il hum	land Drang
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	EMATORY 24D. LO		, town, or county) (State)
Burial 1/19/	66. Holy Redeemer Ce	emetery	Baltimore	Md.
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	1. T D-34	Md ADDRESS
JAN 17 1966 R.O	fr. E. standay MA	Leonard J. Ruc	k inc. Baite	J. FRI. CICIA

Secretation file Bur of Brodules

- - - T

Inspection X

M.D

Accident

Spitz,

26R NAME OF REGISTRAR

resulted from: Notural causes 🔀

Werner U.

23B. DATE

ACTUAL SIGNATURE

23A, BURIAL CREMATION,

REMOVAL (Specify)

VS 151-REV. 1/1/65

EXAMINER'S

NAME (Type)

24A. DATE REC'D BY HEAVIN DEPT.

Autopsy

Homicide

CHIEF MEDICAL EXAMINER

M.D. ASSISTANT MEDICAL EXAMINER X

ASSOCIATE MEDICAL EXAMINER

Suicide

23C. NAME OF CEMETERY OF CREMATORY

ond that on this basis, death in my apinian

23D. LOCATION

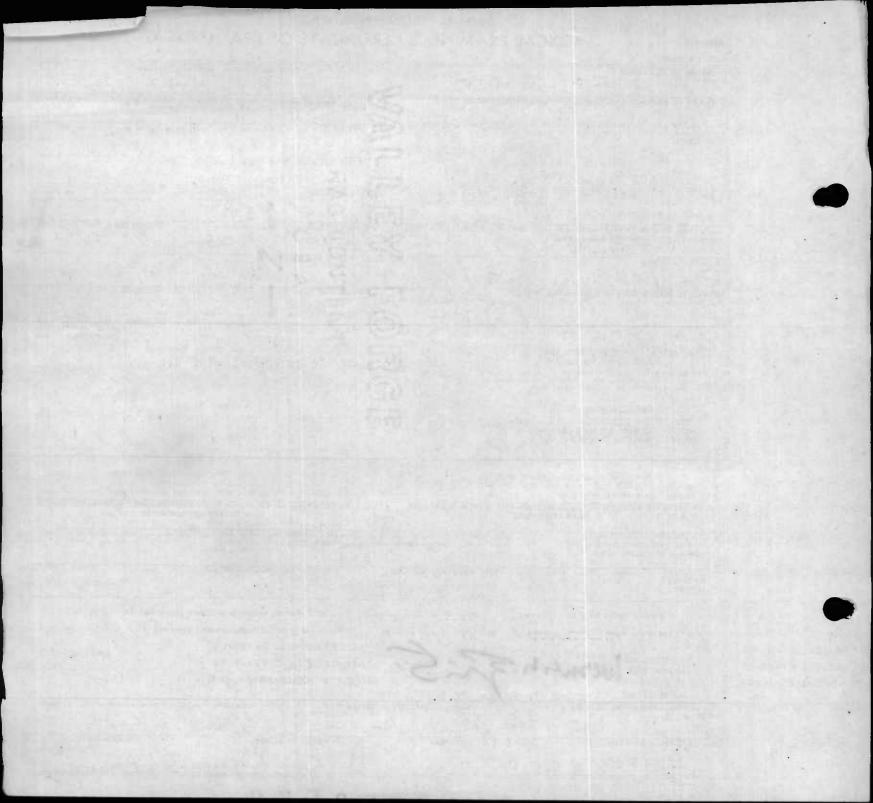
Undetermined manner

DATE SIGNED

(State)

1/14/66

(City town, or county)



Cremation

45-59-19

BALTIMORE	CITY	HEALTH	DEPARTMENT
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BELSE

6. SOCIAL

SECURITY NO.

CERTIFICAT	E OF	DEATH

	2. DATE AND HO	UR OF DEATH	90	
R	JANUA	R43,1966	2 A	M
A. STATE	RESIDENCE (Where dece B. COUNTY RYLAND	cased lived. If institution:	esidence befare admissi	o n)
	OR TOWN (If autside ci	ity limits, write RURAL on	d give township)	

Registered No. 66 00522

d	D.	STREET A	DDRESS			location)	
4		STREET A	Callow	Ave	nue	212	1
<u></u>	_						_

į				
	SAN 2, 1966	9. AGE (In yeors last birthday)	If Under 1 Yr. Months Days	If Under 24 Hr. Hours Min,
	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT CO	

14. MOTHER'S MAIDEN NAME

Balto.Md. 21224

CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) PRIMARY ATELECTASI	s 8hr-
(B) Prematurity	
(C)	

208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No)

21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? (If in Boltimore City, give exact location) etc.) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At At Work Wark

22. I certify that (1) (this hospital) attended the deceased fram. ond that in (my) (aur) opinian death occurred an the date that (I) (we) last saw the deceased alive an

and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.

	M.D.	Attending Phys.	Med. Director	Stoff Phy s.		y	C
-		23D ADDRESS	7 G / III 10's	etarn	ATTONITO	/ (140	a

M.D.

24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

23 B. DATE SIGNED

Baltimore City Hospitals Baltimore, Maryland 1-6-66 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR REC'D BY HEALTH DEPT.

VS 150-REV, 1/1/65

tologo the

BALTIMORE CITY HEALTH DEPARTMENT	
CENTILICATE OF DEATH	pistered No. 66 00523
1. NAME OF DECEASED 2. DATE AND HOU	
BABY BOY SMITHSON, MAY 1-4-	.96 8 bW
	sed lived. If institution; residence before admission)
FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddiess or location) INSTITUTION (If not in hospitol or institution, give street C. CITY OR TOWN (If outside city	y limits, write RURAL and give township)
RNITIMORE CITY HOSPITAL BALTIMO	1 (1000
4940 Eastern Avenue, Balto. Md., 21224 2416 E. Biddle S	Street - 21213
5. SEX 6. RACE, 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE	(In years If Under 1 Yr. , If Under 24 Hrs.
Male Jaro Injant 1-3-166 lost bir	36
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF QUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign coundance during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME 14. MOTHER'S MAIDEN NAME	D LI.S.A.
	EE
16. SOCIAL 17. INFORMANT SECURITY NO. 17. INFORMANT 18. SECURITY NO. 17. INFORMANT 18. SECURITY NO. 17. INFORMANT 18. SECURITY NO. 18. SECURITY N	ADDRESS
	Eastern Ave., Balto. Md. 2123
18.7 7 6 X I CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (A) PREMATURI	TV LIL
(this does not meen the made at dying, e.g., DUE TO	
heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, if ony, giving	
rise to the above cause (A) stating the (C)	
OF THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B.	IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IN C	ERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OC	CCUR?
OF INJURY (APPROX.) While At Work At Work	
22. I certify that (1) (this hospital) attended the deceased from 1/3 19 66	to 1/4 19.66
	ny) (our) opinion death occurred on the date
ond haur and from the causes stated above. (1) (Wa) (did not) view the body after death.	,, (==,,=,=============================
23A. SIGNATURE	23B. DATE SIGNED
M.D. Attending Med. Director Phys. C	1-4-66
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 4940 Easter	n Ave., Balto., Md. 21224
M. PETURSSON M.D. 6144. E. P.	RATT ST. RALTA
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify)	(City, town, or county) (Stote)
	more, Maryland 21224
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 725C-FENERAL DIRECTOR	ADDRESS ADDRESS
IAN 17 1000 A D & C I D us	DIODOGAT

Cremation 1-7-66 Baltimore 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR JAN 17 1966 P. D. 6 8. Fr. 2 MA.

VS 150-REV. 1/1/65

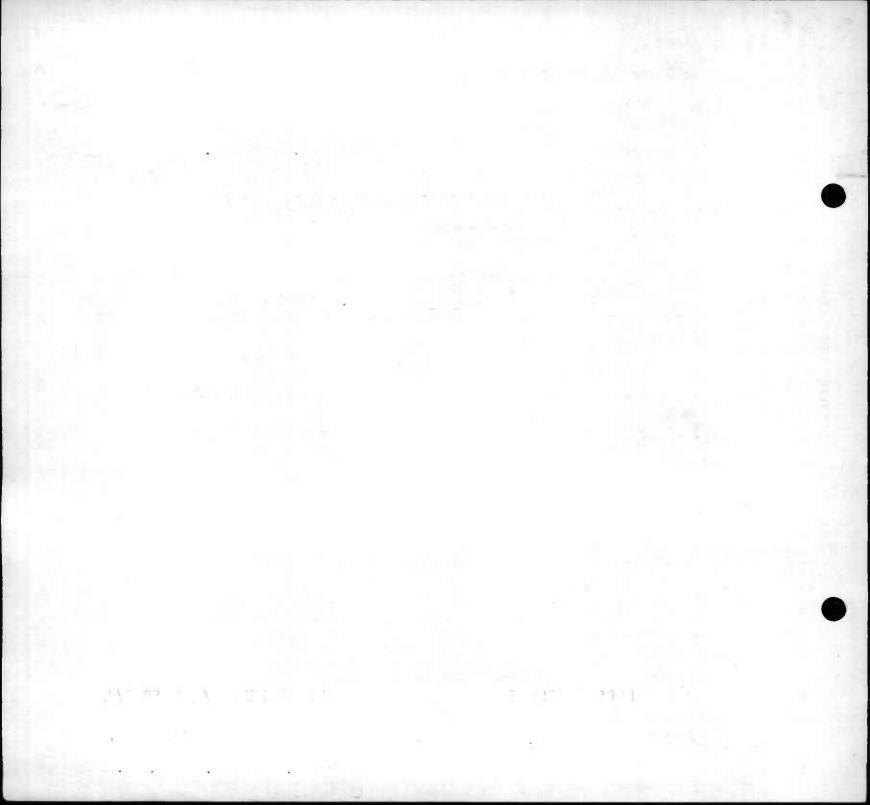
DISPOSAT

BUT DOWN TO HOT AND AND STREET Y'THE DOWN THAT The same of the sa While Targent 1-2-66 min A C U GUALVIAM MARY LEE. MWICHOWN Y THE LAM THE

> rawant 9.11 M PETH RESON

BIHH - FPRAT - AT THE

				BALTIMORE CITY	HEALTH DEPARTMENT		00 0000
	TH NO.	66 00	1524	CERTIFICA	TE OF DEATH	Registered No	66 00524
1. N	AME OF DI		high RYLAND	tly	4. USUAL RESIDENCE (WH	ND HOUR OF DEATH	c g 30 A M. stitution: residence before admission)
0	FULL NAME HOSPITAL O NSTITUTION	OF (If not in hospital	or institution,	give street	C. CITY OR TOWN III	7 nd utside city limits, write	8-05 RURAL and give tawnship)
0	non	Memoria	1 Ho	50	D. STREET ADDRESS NOT	fryral, give location) the Ave	5 milion security of the
5. \$	M	6. RACE CUPATION (Give kind of work	WIDOWEI	NEVER MARRIED D. DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don		of working life, even if retired)		practor	11. BIRTHPLACE (State or for	プロ	12. CITIZEN OF WHAT COUNTRY? US /1
15.	Pat.	ed Ever in U. S. Armed For wn)(Iff yes, give war ar date	n/9/	16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN N. Cotherin 17. INFORMANT	e Bre	ADDRESS
	No			214-38-9692	Mrs. Catherine	Knightly	(Same)
	18.3 S	ASE OR CONDITION DIR	RECTLY	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	heart foilur	nol meon the made of e, osthenia, etc. It means amplication which coused	the disease,	DUE TO		bneumoni	3 / WK
		ANTECEDENT CAUSES		(B)		CVH	141
	rise ta	OR CONDITIONS, if the abave cause (A) NG CONDITION last.		(C)		A.C	
CERTIFICATION	TO THE	NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I	TED TO TH	E	20 A DDAYS (V		
ERTIFIC	2	WAS PERI	FORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or h		FINDINGS CONSIDERED
CALC	OR CONTRI	BUTING CAUSE OF ify medical examiner)		ne, farm, factory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	{If in Baltimare	City, give exact location)
MEDI	21 D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Year)		ile At Nat While		JURY OCCUR?	
	22. I certi	fy that (I) (this haspital) ottended t	he deceosed from	1/13	19 46 ta	1/14 1966
	that (I) (w	e) last sow the decease	d alive on	1/14	19 6 C ond t	hot in (my) (our) opi	nian death occurred on the dote
	ond hour of		ed obove. (I	0	ending Med.	Staff	23B. DATE SIGNED
	23 PHYSIC NAME	IAN'S TYPEHUDSON FE	SCHE	setie Phy	s. Director	Phys.	OSPITAL
24A	Burial E REMOVAL Buria	(Specify)		AME of CEMETERY of CRI			ty, tawn, ar county) (State)
25A	. DATE REC	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS O. Md. 21214
VS	150-REV. 1/	1/65	9 6	6 0 0 n	0 5 2 3		



hospital and

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death

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Also,

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4

(2) Body

any nature;

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shows: (1) An accident

the body was released to the hospital by

by

approved

certificate must

IMPORTANT

FUNERAL DIRECTOR: the chief medical examiner

the direct or contributing cause of deathkind; (4) Undetermined cause; (5) Deceased OVA (Outsel hamby, has

X 1-14-56

Cornerto A acordoin , 12.3.

	CASE NO.		1526	CERTIFICA	TE OF DEAT	TE AND HOUR OF DEATH	66 00526
7.77	AME OF DEC	Logiud:	ice, J	oseph	Jai	nyary 14, 19	66 1:15 p
F	ULL NAME O		or institution,	give street	4. USUAL RESIDENCE A. STATE Maryland	(Where deceased lived, If in COUNTY	stitution: residence before
	OSPITAL OR	oddress or tocotion			Baltimo	-	RURAL and give township)
5	Johns	Hopkins H	ospiva.	l.		(If rurol, give locotion) Baltimore S	treet
5. \$1	Male	6. RACE White	WIDOWE	NEVER MARRIED D. DIYORCED (specify)	B. DATE OF BIRTH 10-16-92	9. AGE (In years last birthdoy)	If Under 1 Yr. If Und Months Doys Hours
done	during most of	JPATION (Give kind of work working life, even if retired) ate saaes		estate			12. CITIZEN OF WHAT COUNTRY?
13. F	ATHERS NAM	Logiudice	110001		Messing 14. MOTHERS MAIDE Mary Pu		
15. V (Yes.	Vos Deceased	Ever in U. S. Armed For (If yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO. 219-12-5494	Mrs. Sarah		(Same)
	18. 44	SE OR CONDITION DI	RECTLY		OF DEATH		ONSET AND D
	(This daes n	LEADING TO DEATH tol mean the mode of asthenia, etc. It means	dying, e.g.,		racranial		48 hour
		ANTECEDENT CAUSES OR CONDITIONS, if		Hyp (B) die Due To	ertensive (cardiovascula	Ar Years.
	rise to the	above cause (A) G CONDITION last.		(C)			
ATION	TO THE D	FICANT CONDITIONS CEATH BUT NOT RELACED CONDITION CAUSING	ATED TO TH	None	known		
ERTIFIC	19A. DATE OF	OPERATION 198. CON WAS PER	FORMED	WHICH OPERATION	No	S OF No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
O	OR CONTROL	NT WAS UNDERLYING	21B hon etc.	PLACE OF INJURY (e.g., ne, form, foctory, street,	in or obout 21 C. WHERE	DID (If in Boltimo	e City, give exact tocation
CAL		medical examiner	610)			
CAL	21 D. TIME OF INJURY (APPROX.)	medical examiner) (Month) (Day) (Year)	(Hour) 21 E	. INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?	
MEDICAL	21 D. TIME OF INJURY (APPROX.) 22. I certify	medical examiner) (Month) (Day) (Year) that (1) (this hospita	(Hour) 21E Wh Wa	. INJURY OCCURRED ite At Not Wh At Work he deceased from	21F. HOW D		
MEDICAL	21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	medical examiner) (Month) (Day) (Year) that (I) (this hospital lost saw the deceased from the causes sto	(Hour) 21E Wh Wa 1) ottended t	ite At Not What Work At Work he deceased from J. January 2 1 I) (We) (did) (did not)	21F. HOW D	2 19 66 to Janond that in (my) (our) op	
MEDICAL	21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond hour on 23A. SIGNATU 23C. PHYSICIA NAME (I	that (1) (this hospital lost saw the deceased from the couses sto IRE	(Hour) 21E Wh Wa I) ottended to ed alive on ted obave. (ite At Not When At Work At Wor	21F. HOW D anjieny 19 view the bady ofter d tending Med. ys. 23D. ADDRESS Johns Ho	2 19 66 to Jayond that in (my) (our) op leath. Stoff Phys. C	23B. DATE SIGNED 1-14-66
MEDICAL	21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond hour on 23A. SIGNATU 23C. PHYSICIA NAME (I Ld gar BURIAL CRE REMOVAL (Burial	that (1) (this hospital lost saw the decease of from the couses sto JRE What is the same of the same	(Hour) 21E Wh Wo I) ottended t ed alive on. ted obave. (OW. 2 24C.N Ho.	INJURY OCCURRED Not When the Mat Work Tanuary 2 1 (We) (did) (did not) LOOM.D. Apple	21F. HOW D 21F. HOW D	2 19 66 to Janond that in (my) (our) op leath. Stoff Phys. 24D. LOCATION (C) Baltimo	23B DATE SIGNED 1-14-66

1:15 p.

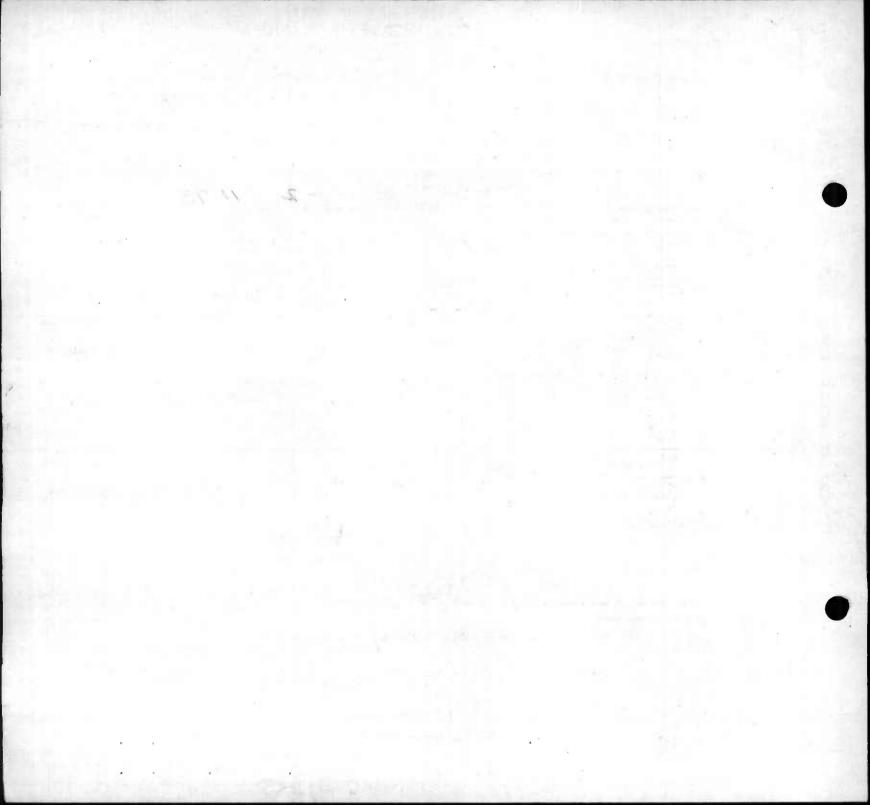
INTERVAL BETWEEN ONSET AND DEATH 48 hours

19____

(Stote)

death occurred on the date

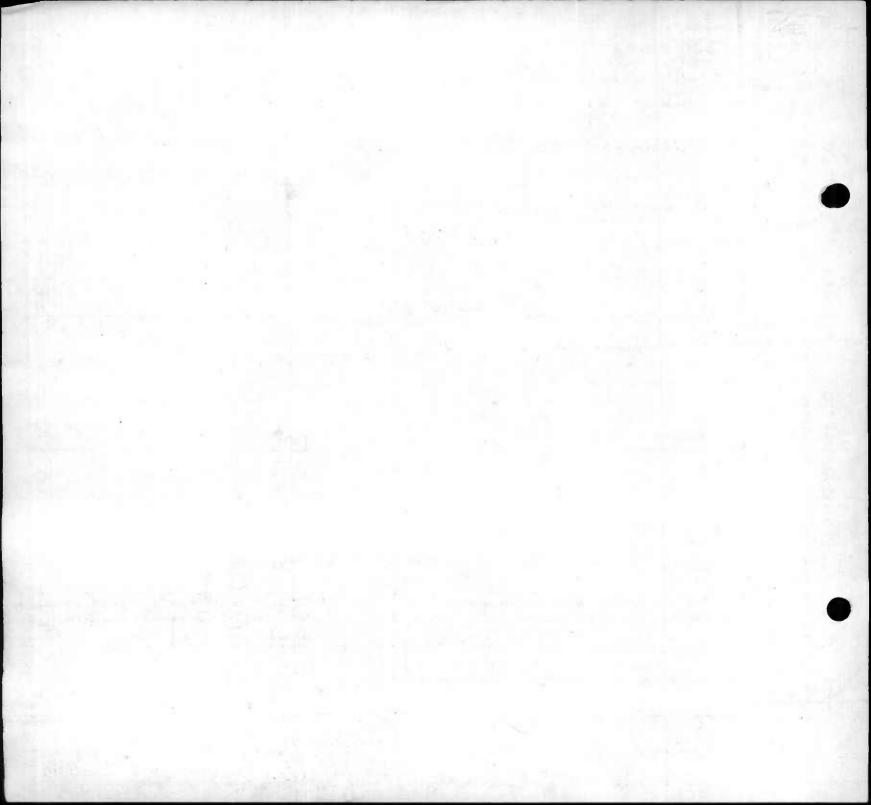
If Under 24 Hrs. Hours | Min.



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

00 00 00	BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. 66 00527	CERTIFICATE OF DEATH
M.E. CASE NO.	2. DATE AND HOUR OF DEATH
(Type or Print) SAMUEL	1-14-60 4.45 8
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased fived. It institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, giv HOSPITAL OR address ar location) INSTITUTION	The new constant of the
	BAUTIMORE
6 LUTHER AN HOSPITAL	OF MARY LAD STREET ADDRESS (If rurol, give location) 105 NEW CUT RD.
5. SEX 6. RACE 7. MARRIED, N WIDOWED,	EVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
MALE COLORED WI	POWED 1-8-88 77
10A. USUAL OCCUPATION (Give kind at work 10B. KIND OF B	USINESS OR INDUSTRY 11. BIRTHPLA CE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
EMPLOYET TEL.CO SELF	EMPloYED ELICOTT CITY U.SA
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
NICK HENSON	UNKNOWN
15. Was Decéased Ever in U. S. Armed Forces? (Yes, no arunknawn)(If yes, give war ar dates of service)	6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO.
N/0	212050670 JOHN - SOU 2332 WOSHER ST
18. 260 XI	CAUSE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cerebral Semail and 7
(This does not meon the mode of dying, e.g., heart foilure, ostherio, etc. It means the disease,	DUE TO Interacting
injury or complication which coused death.)	Dighet in melli-fus
ANTECEDENT CAUSES	DUE TO
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the	(C)
UNDERLYING CONDITION lost.	(0)
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WH	IICH OPERATION [20A. AUTOPSY? (Yes or No.)] 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PI OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	ACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Boltimare City, give exact location) larm, factory, street, affice bldgs, INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E, II	NJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) White	At Not While At Work
22. I certify that (I) (this hospital) attended the	deceosed from 19 66 to 1 - 19 66.
that (I) (we) last saw the deceased alive on	
ond hour and from the causes stated above. (1)	(We) (did) (did not) view the bady ofter death.
23A. SIGNATURE	23B, DATE SIGNED
Da la la Keninda	M.D. Attending Med. Stoff Phys.
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
MORTON KRIER	ER M.D.
24A. BURIAL CREMATION, 24B. DATE / 24C. NAN	TE of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
(Specify) 1/18/66 11/E	TERN STAR CEMETER CATONSVILLE Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR 25C FUNERAL DIRECTOR ADDRESS
JAN 17 1966 AD LO I	2 as Willon Webb, 3618, Tenny Rd
VS 150-REV. 1/1765	80000526



death IMPORTANT examiner DIRECTOR: chief medical FUNERAL the certificate must be approved by

examiner.

medical

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to the hospital

the body was released

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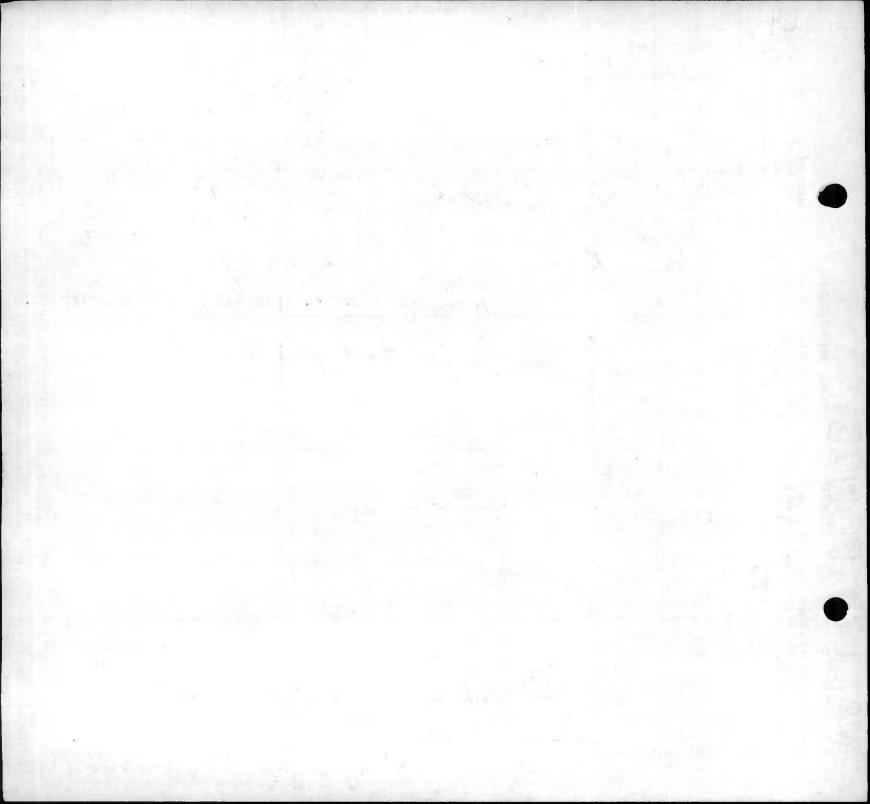
and

a hospital

occurred

direct

BALTIMORE CITY HEALTH DEPARTMENT 66 00528 rect or contributing cause of death (4) Undetermined cause; (5) Deceased CERTIFICATE OF DEATH Registered No. BIRTH NO. on the M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 1-14-AM. eath. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance B. COUNTY (If not in hospital or institution, give street FULL NAME OF Ö HOSPITAL OR oddiess or location) (If outside city limits, write RURAL and give township) attend INSTITUTION 0 General prior D. STREET ADDRESS (If rural, give location) disposition is made regular If Under 24 Hrs. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yi. 5. SEX 6. RACE eceased Hours WIDOWED. DIVORCED, (specify) lost birthday 140000 IOA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? = done during most of working life, even if retired) Ö MOS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the eath O kind; 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance Dorche ster Rd. Flora J. Luttrell any pronounced CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., hearl failure, asthenio, etc. Il meons the diseose, regular injury or complication which coused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, il ony, giving 3 to the above cause (A) stating the physician before the remains UNDERLYING CONDITION lost burns; Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) the WAS PERFORMED CLARCE & I Bleedi G -21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 3 (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF å DEATH (notify medical examiner) of any nature; MEDIC be obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While At (APPROX.) and Work At Work 22. I certify that (I) (this hospital) attended the deceased fram death); 19.66 that (I) (we) last saw the deceased alive an and that In(my) (our) apinion death accurred on the date hospital and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. must accident 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. Med. 0 approval Director O 23D. ADDRESS prior 23C. PHYSICIAN'S to o NAME (Type) An D.O.A. 24A. BURIAL CREMATION, 24B. eceased 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Woodlawn shows: Md. Woodlawn 1-17-1966 Burial SD FUNERAL DIRECTOR 3 VS 150-REV. 1/1/65



death.

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D.O.A. \equiv

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An accident

was released

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shows:

regular

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 66 00529 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH January 14, 1966 4:00 A. M.

4. USUAL RESIDENCE (Where doceosed lived. If institution: rosidonco before odmission)
A. STATE
B. COUNTY (Type or Print) PEARL, Oscar Lee
3. PLACE OF DEATH IN BALTIMORE, MARYLAND Maryland Baltimore (If not in haspital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Veterans Administration Hospital Baltimore 3900 Loch Raven Blvd. (If rural, give location) D. STREET ADDRESS Baltimore, Maryland 21218 814 St. Paul St. made. 8. DATE OF BIRTH 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. 5. SEX Hours WIDOWED, DIVORGED (specify) 10st birthdoyl Male Caucasian 11-8-92 ever Married disposition is to A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland done during most of working life, even if retired) Farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel Pearl Unknown 17. INFORMANT Records 5. Was Deceased Ever in U. S. Armed Forces' 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. V.A. Hospital, 3900 Loch Raven Blvd. Baltimore, Md. 21218 Yes 6/28/18 to 1/28/19 213-12-7327 0 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed Bronchogenic Carcinoma 6 months LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl lailure, asthenio, etc. It means the disease, Tuberculosis, Pulmonary, Active injury or complication which caused death,) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, il ony, rise to the above cause (A) stating the UNDERLYING CONDITION lost. the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes at No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED before 21 B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) obtained (Month) (Doy) (Year) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Hour) OF INJURY Not While While At (APPROX.) At Work Work December 15 to January 22. I certify that (14(this hospital) attended the deceased from 19 66 19 66 January 14 that (4) (we) last saw the deceased alive on. ond that in(My) (our) opinion death accurred on the date and haur and from the causes stated abave. (1) (We) (did) (did hat) view the body after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending Staff X Med. 1/14/66 Phys. Director L written approval 23 C. PHYSICIANS 23D. ADDRESS NAME (Type) M.D 24A. BURIAL CREMATION, 24B. DATE

24C. NAME of CEMETERY OF CREMATORY

Baltimore

(City, tawn, or county)

ADDRESS

Baltimore National

24D. LOCATION

yland

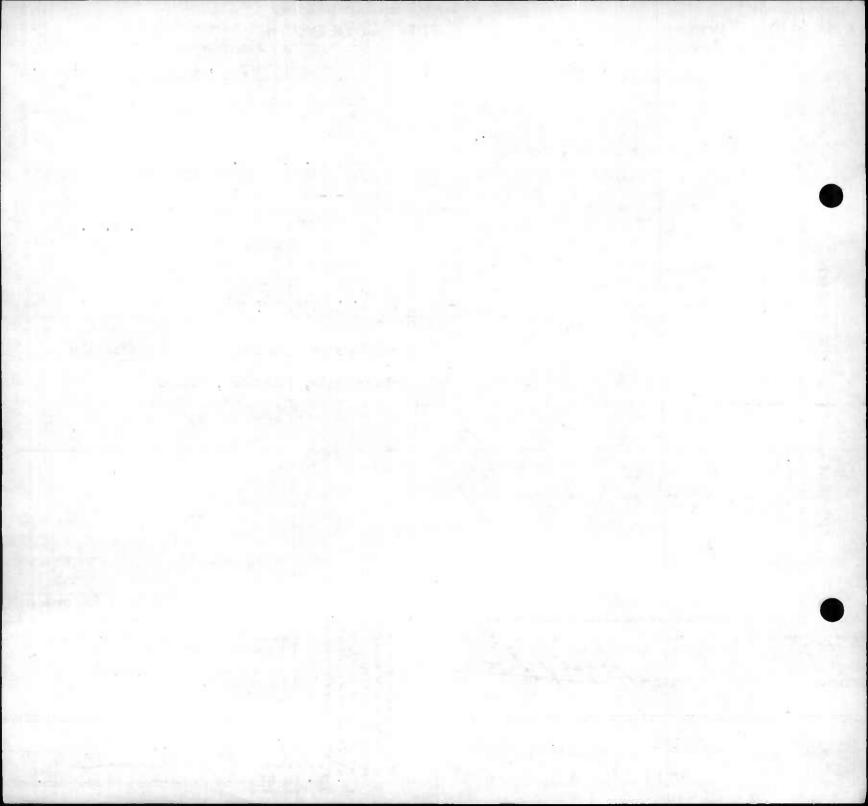
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR

REMOVAL (Specify)

VS 150-REV. 1/1/65

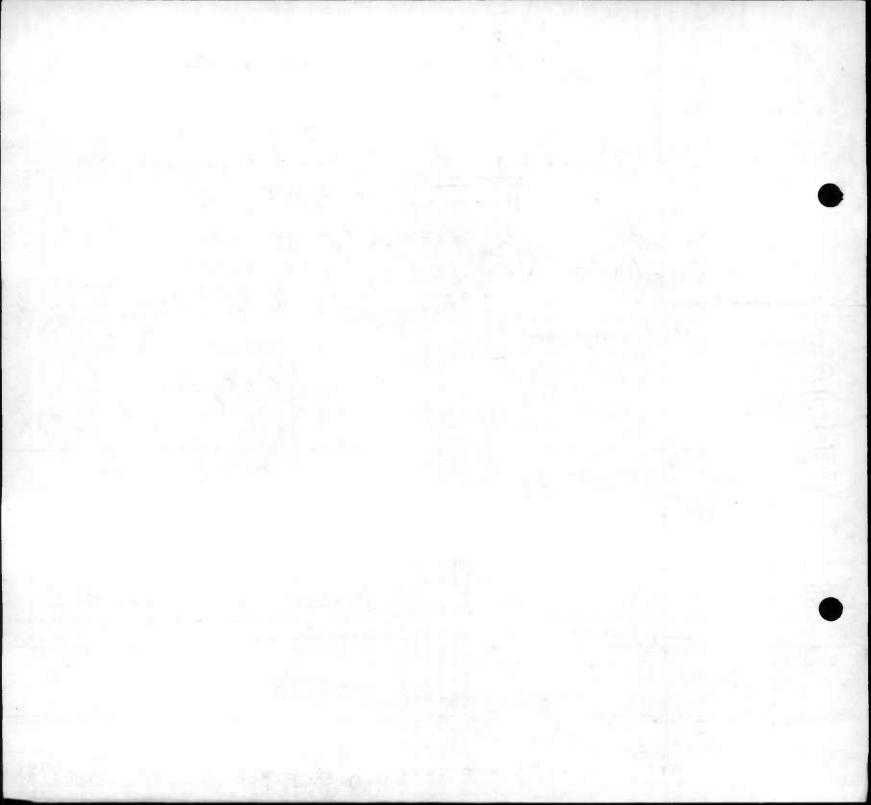
FUNERAL DIRECTOR

ohnson Raven Loch



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased **FUNERAL DIRECTOR: IMPORTANT**

66 00530 BALTIMORE CITY HE	
	OF DEATH Registered NGS 00530
M.E. CASE NO. I. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print) VIIII RADE	R 1-13-66 PM
	USUAL RESIDENCE (Where decrosed lived, If institution; residence before admission) STATE 8. COUNTY
FULL NAME OF (If not in hospital or institution, give sheet HOSPITAL OR oddress or location) INSTITUTION C.	CITY OR TOWN (If gutside city limits, write RURAL and give township)
	STREET A DDRESS (If rural, give location)
3002 Coverhand An	3002 Overhand Ave
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, PIWOAGED (specify) W. C. O.W. C.	1-2-1886 9. AGE (In years of Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11.	BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT, COUNTRY?
House With AV Home	MARYLAND USA
13. FATHERS NAME	MOTHERS MAIDEN NAME
TERDINAND JUNGTER	WILTELMINA.
(Yes, no or unknown) (If yes, give wor or dotes of service) / SECURITY NO.	INFORMANT ADDRESS
No HORE /	ALIER H. Men 2322 Hanson 14
18.420.1 1 CAUSE OF DI	EATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	de ac arrest Sudden
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or camplication which coused death.)	Part Contract No. 5/10
ANTECEDENT CAUSES (8)	Emary Clathey place 9/11.
DISEASES OR CONDITIONS, if ony, giving	
rise to the obove couse (A) stating the (C) UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE LIGHT CRUSSES OR CONDITION CAUSING IT.	droke Hart dessay yes.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21 B. PLACE OF INJURY (e.g., in or hame, form, foctory, street, office etc.)	obout 21 C. WHERE DID (If in Bottimore City, give exact tocotion) bldg., INJURY OCCUR?
OF INJURY (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) White At Not While Work At Work	
22. I certify that (I) (this hospital) attended the deceased from	10 165 19 10 1/13/66 19
that (1) (we) last sow the deceased alive an 10/6/65	
ond hour gnd from the couses stated above. (1) (We) (did) (dident) view	the body ofter deoth.
23A. SIGNATURE	238, DATE SIGNED
Mille Thaygus M.D. Attending	Director Phys.
NAME (Type)	ADDRESS HARFORD & Kalty
SURLIGHT MARIE GIAM M.D.	TOUTHER ON DE VING USING
244 BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMA	24D. LOCATION (City town, or county) (Stote)
DURIAL VITY 66 3 - UGAHS LUI	heray Datio Mid
JAN 18 1966 (P.O. T. S. NAME OF REGISTRAN	C. F. EUMAS + Sa 8802 HARFORK
VS 150-0FV 1/1/65	TIME THAT THE THAT THE



IMPORTANT FUNERAL DIRECTOR:

(2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased attendance or his assistant if death occurred in prior or contributing written approval must be obtained before the remains are embalmed or final disposition is made. regular deceased Was the if the direct death deceased prior to death); and (6) No physician was in regular attendance on pronounced Also, This certificate must be approved by the chief medical examiner examiner. the physician who the body was released to the hospital by a medical (except where shows: (1) An accident of any nature; hospital was D.O.A. at a

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a hospital and cause of death

		BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIR	TH NO. 00 00524	CERTIFICA	TE OF DEATH	Registered Na.	66 00531
	E CASE NO.		DATE A	ND HOUR OF DEATH	
	ne or Print)				
	Estelle E. Roe	3	Jan	uary 12, 196	M. nstituțion: residence befare admissian)
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		A, STATE B. COU	ere deceased lived. If i	nstitution: residence befare admission)
				1411	17-01
	FULL NAME OF (If not in hospital or institut HOSPITAL OR address or lacotion) INSTITUTION	ion, give street	C. CITY OR TOWN (If or	utside city limits, write	RURA'L and give township)
300			Baltimore		
17			D. STREET ADDRESS (IF	rural, give lacation)	
	622 West 33rd Street		622 West 33r	d Street	
5.	SEX 6. RACE 7. MARI	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths; Days Hours; Min.
	Famala white	idowed (specify)	1 November1873	last birthday)	Manms Days Hoors Min.
10/	LUSUAL OCCUPATION (Give kind of work 108, KIN)			eign country)	12. CITIZEN OF
	ne during mast of working life, even if retired)				WHAT COUNTRY?
	At Home		Pennsylvania		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	Emanuel Sheffer		Leah Kerchne	22	
		11 / 200111	17. INFORMANT	T.	ADDRESS
(Ye	Was Deceased Ever in U. S. Armed Forces? s,no ar unknown) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no		Thomas Mile do on a se	706 W Duday	verla De
L		<u> </u>		(20 W. FTING	cess, York Pa.
	18. 22/X	CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY			*	ONSET AND DEATH
	LEADING TO DEATH	(2	rekro-resiular	OCCIDENT.	6 Cerais
	(This does not mean the made of dying,	e.g., DUE TO	ocpos- content		
	hearl failure, asthenia, etc. It means the dise				
	injury ar complication which caused death.)				
	ANTECEDENT CAUSES	(B) DUE TO	0000 000000 000 00 00 00 00		
	DISEASES OR CONDITIONS, if any, gi	ving	Lucate .		
	rise to the above couse (A) stoling	Ihe (C)	typerteusin	-	
	UNDERLYING CONDITION last.		O'		
	11				
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING			
ATIO	TO THE DEATH BUT NOT RELATED TO	THE			
O	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	n) 208 IF YES WEDE	FINDINGS CONSIDERED
CERTIFIC	WAS PERFORMED	OK WHICH OFERMION	ZVA. AUTOPST: TTES OF IX	IN CERTIFYING CA	AUSES OF DEATH?
Ü	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., hame, farm, factory, street,	in or about 21C. WHERE DID	(If in Baltima)	re City, give exact lacation)
CAL	DEATH (natify medical exominer)	etc.)	Since bidg., INJORI OCCOR:		
2	OID state (AA-AL) (D-) (V -) (H)	215 1411104 0 5 511004	015 110111 010 111	HILL COLUMN	
MEDI	OF INJURY (Manth) (Day) (Year) (Haur)	21E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
2	(APPROX.)	While At Nat Whi			
	22. I certify that (I) (this hospital) attend	ed the deceased from	Oct . 26	19 64 to	Jan. 12 19 66
	that (I) (%) last saw the deceased alive	The state of the s			
					and the second s
	and haur and from the causes stated abov	re. (1) (Re) (did.) (did not)	view the body after death.		
	23A. SIGNATURE				23 B, DATE SIGNED
	Reuken Affran	M.D. At	tending Med. Director	Staff Phys.	1-14-66
	23C, PHYSICIAN'S		23D. ADDRESS	,	

NAME (Type)

M.D. West 36th 846 Street

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C, NAME of CEMETERY OF CREMATORY (City, lawn, or county)

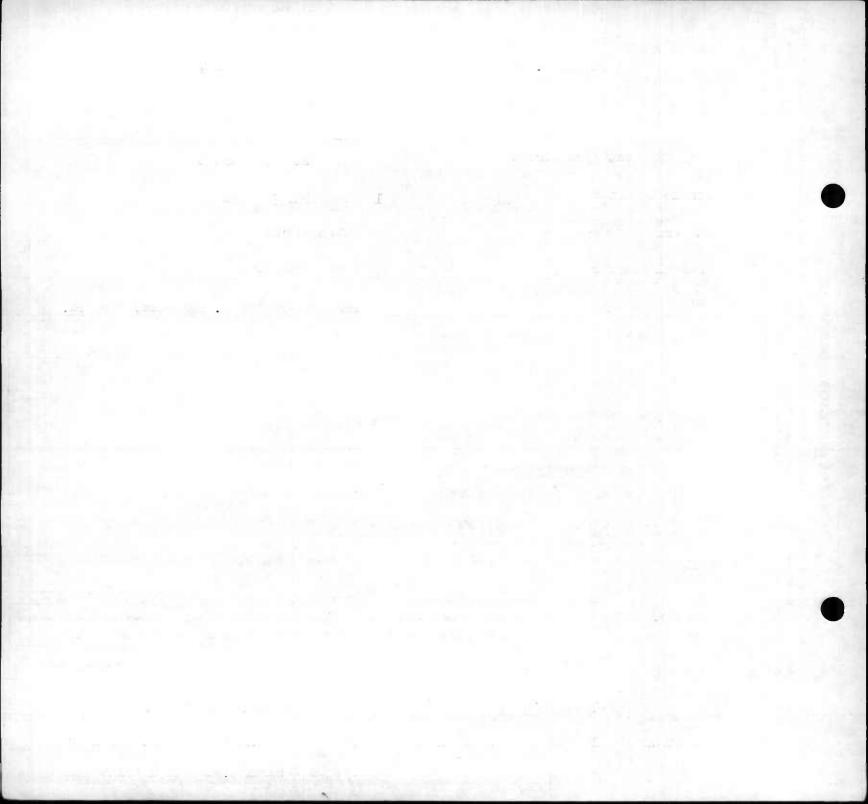
15 J HEALTH DEPT. 66 Druid Ridge Cemetery Ba Jan 66 Baltimore County Maryl and ADDRESS 25A. DATE REC'D

0 VS 150-REV. 1/1/65

Reuben Hoffman

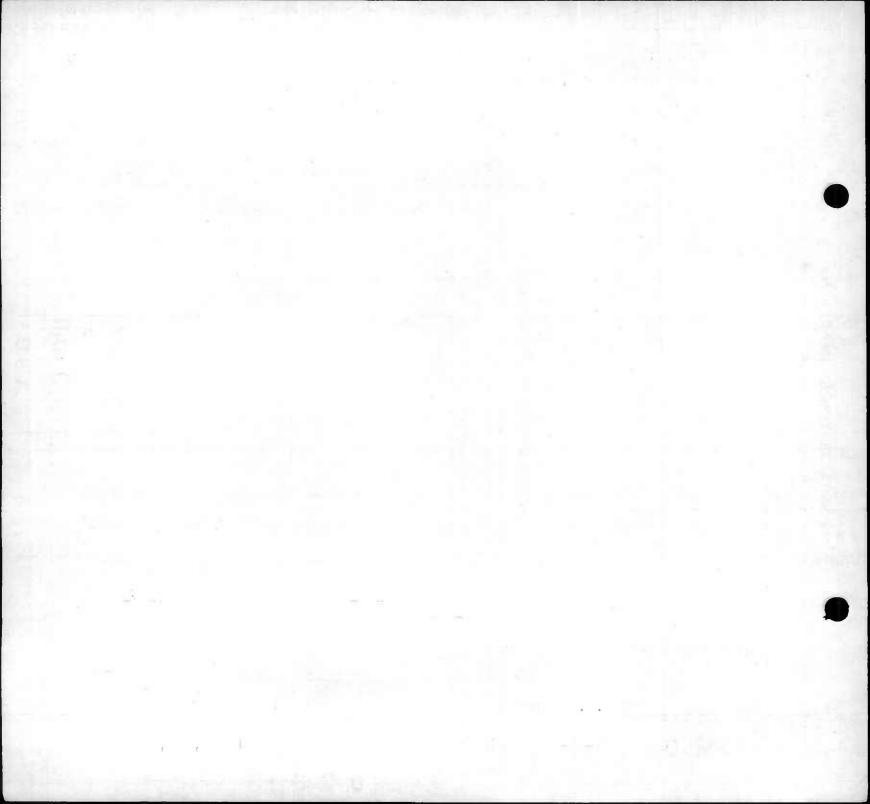
Funer ee 36 (State)

alls Road



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

	11 11144 00 00505	BALTIMORE CITY	HEALTH DEPARTMENT		66 00522
	H NO. 66- 68 00538	CERTIFICA	TE OF DEATH	Registered No	1186454
	AME OF DECEASED OF PRINTI DEANGE BABY	2.1		HOUR OF DEATH	579
		BOY		5-66	11 /2 M
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. CDUNT	Y	titution: residence belore admission)
	ULL NAME DF (If not in hospital or institution, and oddress or location)	give street	C. CITY OR TOWN (If purts	effect	JRAL ond give township)
2	NSTITUTION		Sal.	timor	o)
Ü		4/	D. STREET ADDRESS (If re	urol, give lacation)	1 1
1	He John Hopkin	Hoxpital	350	2 Illa	mont to.
5. \$		NEVER MARRIED DIVORCED (specify)	1	ast birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
103	USUAL OCCUPATION GIVE kind of work 10B, KIND OF	RIISINESS OR INDUSTRY	1-15-66	newhous	12. CITIZEN OF
	during most of working life, even if retired)		1		WHAT COUNTRY?
13.	ATHER'S NAME		4. MOTHER'S MAIDEN NAM	TE STATE OF THE ST	
			0	1	
15.	Vos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17, INFORMANT	Viana,	ADDRESS
(Yes	no or unknown) (If yes, give worker dates of service)	SECURITY NO.			
_	18.	CAUSE OF	DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	37.002		_,	ONSET AND DEATH
	LEADING TO DEATH	(A)	IMMATURIT	7	
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TD			
	injury ar camplication which caused death.)	(P)			
	ANTECEDENT CAUSES	DU E TD			
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(C)			
	UNDERLYING CONDITION last.				
NO	DTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G			
ATIC	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED
CERT	21A. ACCIDENT WAS UNDERLYING 121B	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
AL	21Å. ACCIDENT WAS UNDERLYING 21B OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) etc.	e, form, foctory, street, off	ce bldg., INJURY OCCUR?		
DIC		INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
ME	OF INJURY	ile At Not While			
	Wo		-15-66	9 to	1-15-66 19
	22. I certify that ($\underline{1}$) (this haspital) attended that ($\underline{1}$) (we) last saw the deceased alive an				ion death occurred on the dat
	ond hour and from the couses stoted obave. ((, , (00. , 0)	Seein occorred on the do
	23A. SIGNATURE	- Total (are not) vi			23 B. DATE SIGNED
	HW. C. Holling	M.D. Atter		Stoff Phys.	1-15-66
	23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS		
	JOHN W.C.JOHNSON	. M.D.	JOHNS HOPKINS	HOSPITAL	
244		AME of CEMETERY of CRE			y, town, or county) (State)
CR		HNS HOPKINS	IOSPITAL BAL	TIMORE, 5	MARYLAND
	DATE REC'D BY HEALTH DEPT. 258, NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	JAN 18 1966 (1.C. o. f. 2) &	A PROPERTY OF	O EHGSPUT	AL DISPOS	AL
VS	150-REV. 1/1/65		0 0		



Undetermined cause; (5) Deceased h occurred in a hospital and contributing cause of death prior made. regular deceased death isposition = 10 SID the 4 3 IMPORTANT assistant death LO 0 kind; final attendance any pronounced OF or his Also, of embalmed fracture the chief medical examiner FUNERAL DIRECTOR: examiner. regular ho are 4 3 Ξ physician the remains Was medical burns; physician Body the 0 before by 2 where to the hospital °N nature; 29 obtained 9 approved (except and any pe of death) hospital the body was released

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VS 150-REV, 1/1/65

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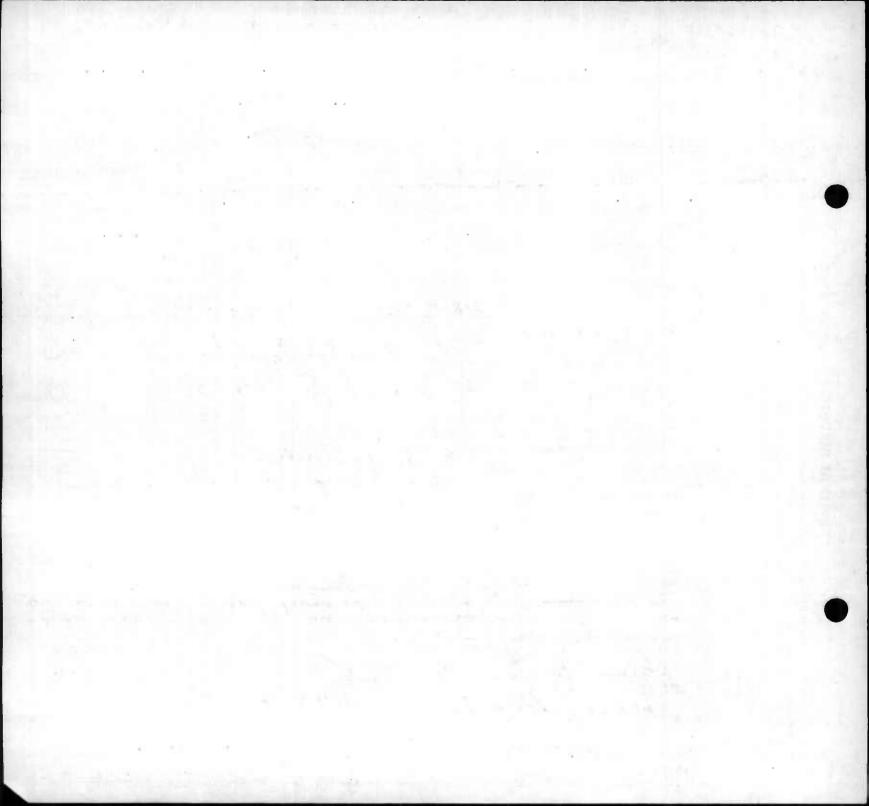
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hospital

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) DR. DAVID M. RANKIN JAN. 16 th 1966 10.00 A.M. M. 4. USUAL RESIDENCE (Where deceased lived If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND A. STATE B. COUNTY Md. BALTO. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE. D. STREET ADDRESS (If rurol, give location) LII9 FOREST PARK AVE. 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In veors If Under 1 If Under 24 Hrs. 5. SEX 6. RACE Yr. WIDOWED. DIVORCED (specify) tost birthdov) Months Doys Hours M. W. MARRIED 12 1891 10A, USUAL OCCUPATION (Give kind of work) 0B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF done during most of working life, even if retired) OPTOMETRIST U.S.A. RUSSIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MENDEL RANKIN LEIRA ZUSEV ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. DAVID BANKIN RK AVE CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death,) ASCU ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, to the obove cause (A) stoting the UNDERLYING CONDITION lost. П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes Nol 208, IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from. 1964 January. 66 tannary 16 .19 that (+) (we) lost sow the deceased alive on... and that in (my) (eve) opinion death accurred on the date and hour and from the causes stated above. (!) (We) (did) (did not) view the body ofter death. 23A, SIGNATUR 23B. DATE SIGNED Attending | Med. M.D. Phys. Director 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) M.D RECHER RMAR 24A. BURIAL CREMATION. 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION 24B. DATE (City, town, or county) (Stote) REMOVAL (Specify) MEBREW YOUNG MEN WINDSOR MILL RD. BALTO. Md. 25A. DATE REC'D BY HEALTH DEPN 25C. FUNERAL DIRECTOR ADDRESS 2100 EUTAW PLACE



was D.O.A. shows: (1)

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VS 150-REV. 1/1/65

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attendance

made

BALTIMORE	CITY	HEALTH	DEPAR	MENT
CEDTIE	CA	TEO	E DE	ATL

66 00534

BIRTH NO.

CERT	IFIC	ATE	OF	DE	ATH

Registered No.

M.E. CASE NO.		7
1. NAME OF DECEAS	SED	2. DATE AND HOUR OF DEATH
(Type or Print)	Marion Viola Dolbeare	Jan. 17, 1966 5:45 A
3. PLACE OF DEATH	I IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admiss A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or institution, give street oddiess or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
1143111011014		Bethlehem

US Public Health Service Hospital D. STREET ADDRESS (If rurol, give location) Wyman Pk. Drive & 31st Street 1030 Bridle Path Rd.

B. DATE OF BIRTH If Under 1 Yr. Months: Doys 5. SEX MARRIED, NEVER MARRIED 9. AGE (In years 6. RACE If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoy 6/20/18 Married 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Housewife Pa . - Bethlehem USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

William Kram Eva Keim ADDRESS 5. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT

(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. Records- US PHS Hospital, Baltimore, Md. 207-05-3251 No

CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Massive gastrointestinal LEADING TO DEATH Hours (This does not mean the mode of dying, e.g., hemorrhage hearl failure, asthenia, etc. Il means the disease, injuly of complication which coused death,) Acute myelogenous leukemia Months ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoling the UNDERLYING CONDITION lost.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Bronchopneumonia left lower lobe Days DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner)

21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) OF INJURY Not While While At (APPROX.) At Work

Jan. 22. I certify that (1) (this hospital) attended the deceased from... Jan that (1) (we) last sow the deceased alive an... and that in (my) (our) opinion death occurred on the date

and hour and from the couses stated above. (1) (He) (did) (did /not) view the body after death. 23A. SIGNATU 23B. DATE SIGNED

1/17/66 Director ___ 23C. PHYSICIAN'S 23D. ADDRESS

Thomas J. Lau, Surgeon (R) US PHS Hospital, Balto, Md. M.D.

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION

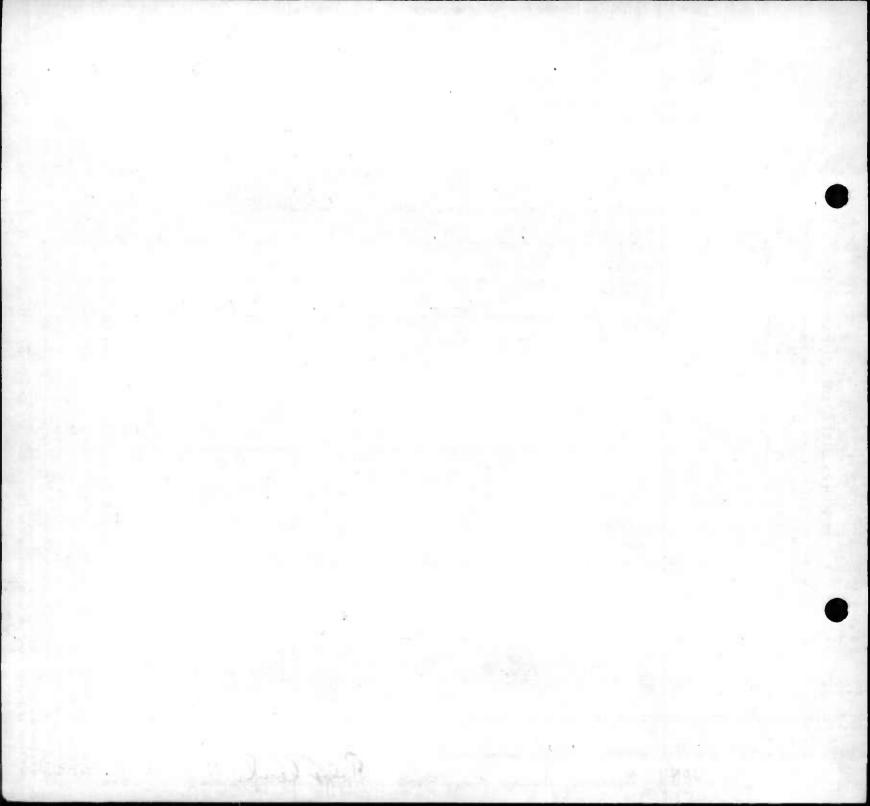
Bethelhem, Penna. Memorial Park Cemetery Jan.20,66 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

Stewart & Mowen Co., 108 W. North Av.

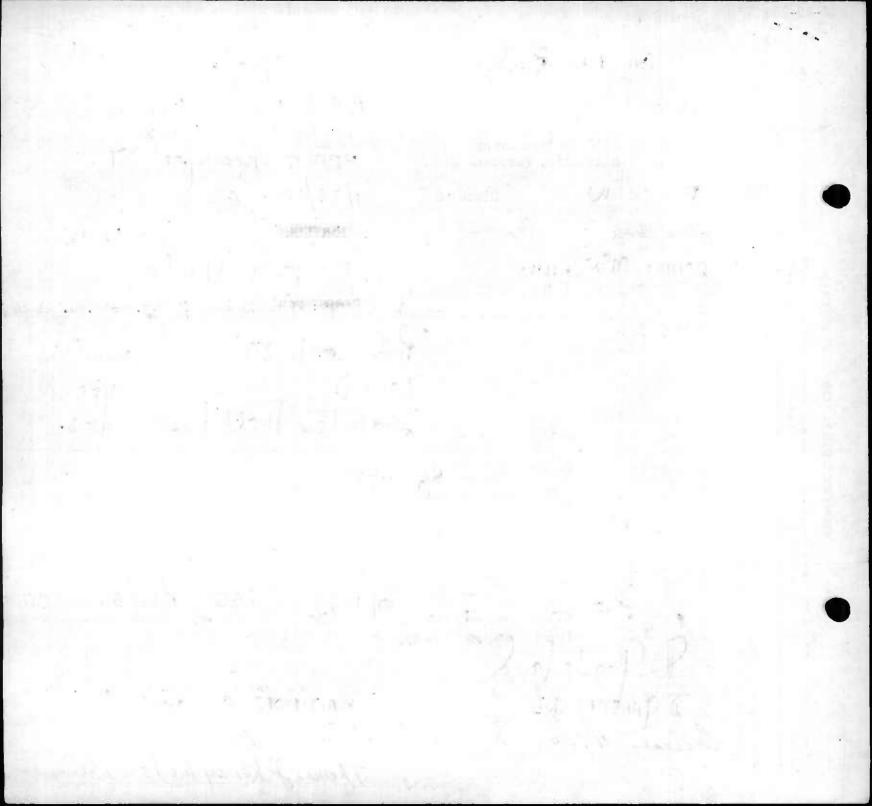
CONTRACT OF STATE OF STATE OF the parties and the great terms.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT						
BRTH NO. 66 00535 CERT	IFICATE OF DEATH Registered No.	UUD3D				
I. NAME OF DECEASED (Type or Print) (1/7 / TAM 1) CONV/TAV	2. DATE AND HOUR OF DEATH	- 1				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	January 16, 196	6 7:40 a. M.				
STEASE OF SEATT IN SELECTION OF MARKETING	A. STATE B. COUNTY					
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	Maryland Baltimone C. CITY OR TOWN (If outside city limits, write RI					
INSTITUTION Manage Value day	Rural - Rosedale	SKAL ONE GIVE TOWNSHIP				
Mercy Hospital	D. STREET ADDRESS (If rurol, give locotion)					
	1208 Hilldale Avenue					
15. SEX 16. RACE 17. MARRIED, NEVER	May 3, 1919 lost birthdoys	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR I done during most of working life, even if retired)	INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
Chauffeur A. Hoen & Co.	Maryland	USA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Charles Conklin	Alice Offley					
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY		ADDRESS				
yes WW II 212-09-1	5356 Mary H. Conklin 1208 Hill	dale Avenue 21206				
5000	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Relative Come (dire to 4	12.20 15 - 1.11.66				
(This does not mean the made all dying, e.g.,	Hepatic Coma Chirentailu	(abort).				
hearl failure, asthenio, etc. It means the disease, injury ar complication which caused death.)						
ANTECEDENT CAUSES (B)	Por liary Curhois of Live	- 16663 - Jan 66				
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the (C)	DISEASES OR CONDITIONS, if any, giving					
UNDERLYING CONDITION last,	•	•				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	■					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DESASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERAT WAS PERFORMED 121B. PLACE OF INJ	ION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?				
OR CONTRIBUTING CAUSE OF home, form, foctory,	URY (e.g., in or obout 21 C. WHERE DID (If in Boltimore, street, office bldg., INJURY OCCUR?	City, give exoct locotion)				
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU	JRRED 21F. HOW DID INJURY OCCUR?					
OF INJURY (APPROX.) While At Work	Not While At Work					
22. I certify that (I) (this hospital) attended the deceased f		w 16 th 1966.				
that (I) (we) lost sow the deceased alive on 1. 16	- / /	ion death occurred on the date				
and hour and from the causes stated above. (1) (41d) (e	district) view the body ofter death.					
23A. SIGNATURE		23B. DATE SIGNED				
Werk atachalam	M.D. Attending Med. Stoff Phys.	1-16-1966				
23C.PHYSICIAN'S NAME (Type)	23 D. ADDRESS					
	M.D.					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETI	ERY or CREMATORY 24D, LOCATION (City	, town, or county) (Stote)				
Burial Jan. 19, 1966 Holy Rede	eemer Cemetery Baltimore, Ma	ryland.				
JAN 10 1000 A		aco Ave. 21206				
VS 150-REV. 1/1/65						



VS 150-REV. 1/1/65



		VE ON	BALTIMORE CITY	HEALTH DE				
BIRTH	1 NO. 66 U	1537	CERTIFICA	TE OF	DEATH Regist	ered No.G.	00537	
M.E.	M.E. CASE NO. 1. NAME OF DECEASED				2. DATE AND HOUR C	OF DEATH		
(Type	(Type or Print) Mary H. Lauterbach 3. PLACE OF DEATH IN BALTIMORE, MARYLAND						10 A.M	M.
3. PL				4. USUAL RI	ESIDENCE (Where deceased	lived. If institu	ution: residence before admissi	ion)
	JLL NAME OF (If not in hospital	as institution ou	un etropt	Md.	Baltim	0210		
H H	OSPITAL OR oddress or locotio		vo sireer	C. CITY OR			(AL and give township)	
1/0	Sinai Hospital			Glyn	don		53-00	
411	Baltimore, Md.			D. STREET A		ocotion)		
					atsworth Ave.			
S. SE	6. RACE		DIVORCED (specify)	8. DATE OF E	9. AGE (In lost birthdo		f Under 1 Yr. If Under 24 I Norths Doys Hours Min	
	emale White	Widowe		Feb. 1		1,	CITATEN OF	
	USUAL OCCUPATION (Give kind of worduring most of working life, even if retired)	KIOB, KIND OF E	ROZINEZZ OK INDOZIKI	II. BIRIMPLA	CE (Stote or foreign country)		2. CITIZEN OF WHAT COUNTRY?	
	Housewife			Balto.	County, Md.		USA	
	ATHER'S NAME				S MAIDEN NAME			
1	Charles K. Hewes			Ma	ry Brandenburg			
1S. W (Yes,	vas Deceased Ever in U. S. Armed For no or unknown) (If yes, give war or date	rces?	6. SOCIAL SECURITY NO.	17. INFORMA	NT		ADDRESS	
	No		None	Mr. J.	Edward Hewes	Reiste	erstown, Md.	
Ti	1B. 41.20.	, ,	CAUSE O			,	INTERVAL BETWEEN	
	DISEASE OR CONDITION DI	RECTLY	.0)	2/	1	ONSET AND DEATH	
	LEADING TO DEATH 1This does not meen the mode of	420	(A) 8	nas	infaces	non	front	-
	heart failure, osthenio, etc. It means	the diseose,	DUE TO	1	T // Km	assite		
	injury or complication which coused		(B) 60	20ma	whoke	mia	Vexu	
	ANTECEDENT CAUSES		DUE TO	/			1	
	DISEASES OR CONDITIONS, if		(C) 54/	une	demajor		Mesers	
	UNDERLYING CONDITION lost.			//				
	II		1	7			V	
	OTHER SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT RELA	ATED TO THE	E					
V	DISEASE OR CONDITION CAUSING		HICH OPERATION	20 A. AUTO	DPSY? (Yes or No) 208, IF Y	ES. WERE FIN	DINGS CONSIDERED	
ERTIFIC	WAS PER	FORMED	4		IN CERT	IFYING CAUSE	DINGS CONSIDERED	
1012	21A. ACCIDENT WAS UNDERLYING	21 B. P	LACE OF INJURY (e.g.,	n or obout 21 C	WHERE DID	in Boltimore C	ity, give exect locotion)	
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	, form, foctory, street, o	mice blag., INJ	OKI OCCOR:			
010	21D. TIME (Month) (Doy) (Year)	(Hour) 21E, I	NJURY OCCURRED	21 F.	HOW DID INJURY OCCU	JR?		
	OF INJURY (APPROX.)	While Work	At Work				, , ,	
	22. I certify that (I) (this hospita			/ /	_ 1930	- /-	10 - to las	_
	that (I) (we) lost saw the decease		/ //	10 /	/	,	Jank was a sun al and all a	1-4-
			4	19		(aur) apinia	in death accurred on the	aare
III L	and hour and from the couses sta	ited above. (1)	(did) (did nat)	view the bad	atter death.	las	B, DATE SIGNED	
	3	1 1/60	M.D. Att	ending 7	Med. Stoff		1 10	
	7	- THE	Phy	s	Director Phys.		1-/1-00	
	PHYSICIAN'S NAME (Type)	178	10011	23 D. ADDRESS	+	L	MA	
	Valles	9.0	ande M.D.	/ }	els ensi	INKK	1861	
24A.	REMOVAL (Specify)	/ 24C. NA	ME O CEMETERY OF CR	EMATORY '	24D. LOCATION	(City.	town, o county) (Stote	e)
	urial 1/19/6		1 Saints Cem		Reister	stown, N		
2SA.	DATE REC'D BY HEALTH DEPT.	2SB. NAME OF			ERAL DIRECTOR	m • •	ADDRESS	
	JAN 18 1966 (1.0m)	p. 8. da	an Ma	J. F.	Eline & Sons	Reiste	erstown, Md.	
V\$ 1	SO-REV. 1/1/65	9 6	6 0 1	0	5 3 6	21077100 0		

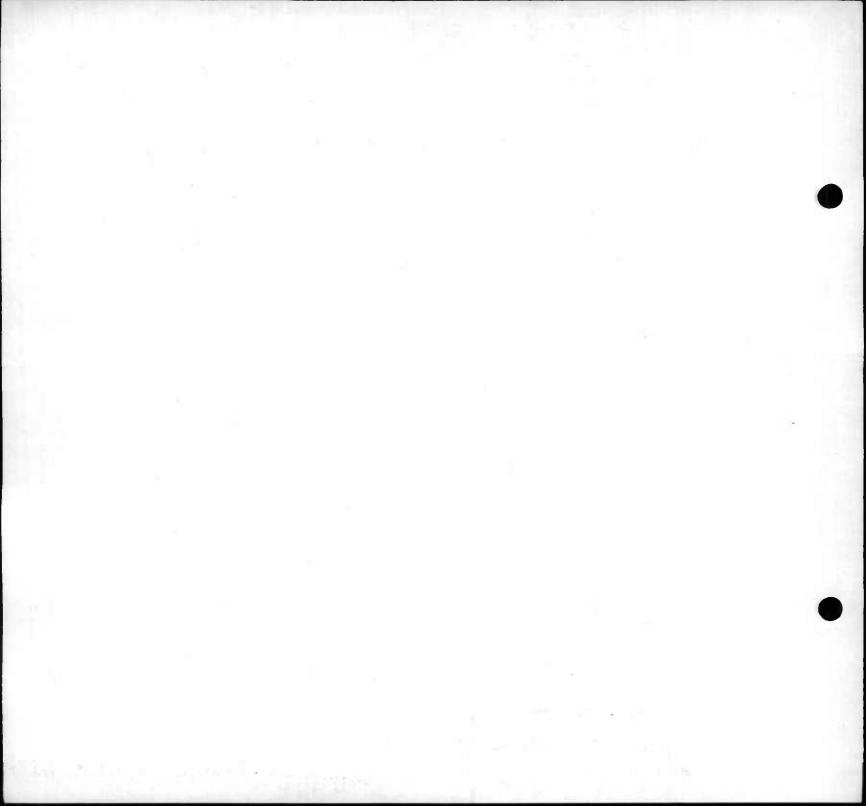
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5221	BALTIMORE CI	TY HEALTH DEPARTMENT		
3005	BIRTH NO. M.E. CASE NO. 66 00538 CERTIFIC.	ATE OF DEATH Registered No.	: 011338	
hospital and se of deat (5) Decease ance on the	1. NAME OF DECEASED TYPE OF PRINT TANE BERNICE LONG	Jan. 14, 1966	10:20 A M	
of of Dec of the other	3. PLACE OF DEATH IN SALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution A. STATE B. COUNTY	ion: residence before admission)	
hospit Jse of (5) De lance deotk	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	Va.		
course;	US Public Health Service Hospital	C. CITY OR TOWN (If outside city limits, write RURA Fairfax	L ond give township)	
	Wyman Pk. Drive & 31st Street	D. STREET ADDRESS (If rurol, give locotion) 3419 Andover Drive		
contributing etermined cau n regular attecased prior	5. SEX F 6. RACE W 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	11/27/16 9. AGE (In years of Most birthday) 49	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.	
deoth or col Undeter	done during most of working life, even if retired) Housewife	RY 11. BIRTHPLACE (State or foreign country) 12. Wise.	CITIZEN OF WHAT COUNTRY?	
S e a C + a	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
isperit	Jacob Metuszewski	Bernice Guzewski		
Stant le dir ind; (eath e on	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
Sist the the kin de de fino	No 388-03-8511	Records - US PHS Hospital, B	Balto, Md.	
IMPORTA Ir his assista Also, if the of any kind ounced dea	18. / 70 X I CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH	
Also, re of on nounce of datten	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	ulmonary edema	Hours	
04 - 06	(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,		***************************************	
ner o	injury or complication which caused death.)	Cerebral metastases Months		
Xomin camin A fro who regu	ANTECEDENT CAUSES (B) DUE TO		• 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
cal exomine all examine s; (3) A froctian who prise in regula	inse to the above couse (A) stating the (C)	arcinoma of left breast	Years	
DIII ical is; (ss; (ciar as i	UNDERLYING CONDITION last.			
→ Pin is > E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. Date of Operation 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	effusions, bilaterally	Days	
chief me oy a meo Body bu the phy hysician	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDING CAUSES	INGS CONSIDERED OF DEATH?	
- H - C - C - C - C - C - C - C - C - C	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.		y, give exact location)	
ed by hospi ature pt w (6) r	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Wo	21F. HOW DID INJURY OCCUR?		
5 5. ×× Etd	22. I certify that (1) (this hospital) attended the deceased from	June 9 1965 to Jan.	14 19 66,	
0 b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	that () (we) lost saw the deceased alive on Jan. 14	19 66 ond that in (dy) (our) apinion	death occurred on the date	
sed to ant of pital eath)	and hour and from the couses stated above. (1) (We) (did) (4/d/not)	view the body ofter death.		
deat deat deat must	23A. SIGNAYURE		DATE SIGNED	
E e C c e e	Joseph John College	Med. Stoff Phys. X	1/14/66	
RGB An a sr o sprovo	23C. PHYSICIAN'S NAME (Type) Thomas T. Tour Sungary (D)	23D. ADDRESS		
certificate body was r ws: (1) An a D.O.A. at eased prior	Thomas J. Lau, Surgeon (R) M.I	oo 1125 100 pr dar, bar oo, wa.	own, or county) (Stote)	
F 70 0 0 C	REMOVAL (Specify)			
This cer the bod shows: was D.C decease	Burial 1/21/66 Arlington Natio	nal Arlington, V	irginia	
This the I show was dece	JAN 18 1966 (P.O. 1-9 7-0 no	Everly Funeral HomeBy: Chuk	1./	
	VS 150 DEV 1/1/65			

1	1	6	5	1	,1		
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	

BALTIMORE CITY HEALTH DEPARTMENT	0 00500
BIRTH NO. 66 00539 CERTIFICATE OF DEATH Registered No.	6 00539
M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	
(Type or Print) JOHN LEROY MILLER JAN 15, 1966	11:46Pm
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If inst	itution: residence before odmission)
FULL NAME OF (If not in hospital or institution, give street MARYLAND BALTII	
INSTITUTION Oddress of locotion) C. CITY OR TOWN (If outside city limits, write BL BALTIMORE	JKAL ond give township)
D. STREET ADDRESS (If rural, give location)	
2226 CECIL A	VE. 212.18
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (specify) 3-31-32 (lost birthday) 43	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working life, even if refired) 11711 TV MAN JOHN DEER CO. MARY LAND	WHAT COUNTRY?
13. FATHER'S NAME	01371
LEROY M. MILLER MARY HALL	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
YES WW # 218-14-9279 PATIENT	ADDRESS
18. CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (A) HODGKINS DISEASE	10 MONTHS
(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the diseose, injury or complication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if any, giving	
rise to the abave cause (A) stoting the (C) UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FI	NDINGS CONSIDERED
15(4-174 4-21-62) BIOPSY YES NO	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Local Control of Contro	City, give exact tocotion)
Q 21D, TIME (Month) (Day) (Year) (Hour) 21F INTERP OCCUPRED 21F HOW DID INTERP OCCUP?	
White At Not While Work At Work	
	AN 15 10/06
that (1) (we) last saw the deceased alive an UAN 15 19 65 and that in (my) (our) opinion	an deoth accurred an the date
and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.	
23A. SIGNATURE	23B, DATE SIGNED
Charles & Harrison M.D. Attending Med. Director Phys.	JAN 15, 1966
23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS	D 0.
Charles - harrison	PITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION 1City	, town, or county) (Stote)
Burial 1/20/66 Batto nat Cem. Bulto V	nd.
JAN 1 8 1966 (1) 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR LANGE TO A LANG	70/WiCallal S
VC 150, DEV 1/1/45	,



VS 150-REV. 1/1/65

45-67-94

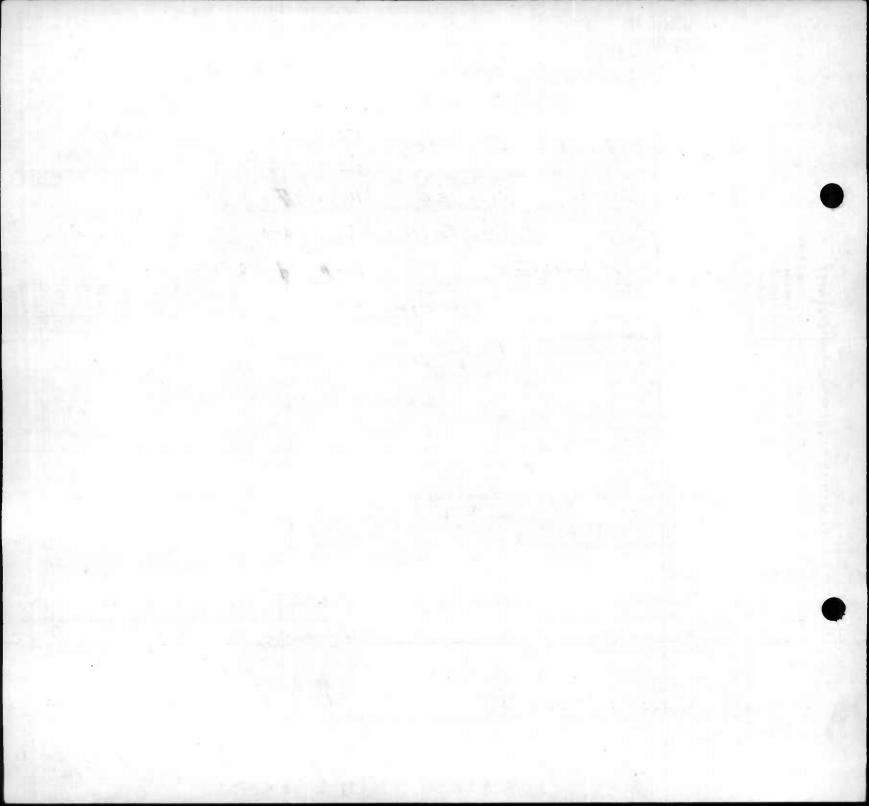
Type or Print)	GUY, James	W.	2. DATE AND H	15/66	12:20 P.
FULL NAME O	TH IN BALTIMORE, MARYLAND F (If not in hospital or institut	ion, give sheet	4. USUAL RESIDENCE (Where de A. STATE B. COUNTY MARYLAND BALT	ceosed lived. If in	
HOSPITAL OR	BALTIMORE CITY		C. CITY OR TOWN (If outside	city limits, write I	RURAL ond give township)
	4940 Eastern A Baltimore, Mar		707 Eastern Ave	give locotion) enue, Bal	to. Md. 21221
MALE	WHITE	RIED, NEVER MARRIED DWED, DIVORCED (specify) MARRIED	2/20/89	GE (In years birthday) 76	If Under 1 Yr. If Under 24 Months Doys Hours Mir
done during mast of	JPATION (Give kind of work 10B. KIN) working life, even if retired) o, Co. Colice Negh Ret	D OF BUSINESS OR INDUSTRY	Maryland	ountry)	12. CITIZEN OF WHAT COUNTRY?
3 FATHERS NAM	William - deceas	ed	14. Mothers Maiden Name	sed.	
5. Was Deceased Yes, no or unknown	Ever in U. S. Armed Forces? (If yes, give wor ar dates of servi	16. SOCIAL SECURITY NO. 220-44-8681	PECORDS: BCH 4940	Eastern A	Avenue, Balto, Mo
18. HX	2./1	CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	SE OR CONDITION DIRECTLY LEADING TO DEATH	(A) Pa	remonia		2-3 da
4004 1 4					
heart failure,	nal mean the mode of dying, asthenia, etc. II means the dise	e.g., DUE TO			
heart failure, injury ar cam	asthenia, etc. II means the dise application which coused death.)	e.g., DUE TO	Imonan.	a Dam	et 2-3 da
hearl failure, injury ar cam	asthenia, etc. II means the dise opticolian which coused death.) ANTECEDENT CAUSES	e.g., DUE TO	Imonary	edem	el 2-3 da
heart failure, injury ar cam DISEASES Crise la the	asthenia, etc. II means the dise opticolian which coused death.) ANTECEDENT CAUSES OR CONDITIONS, if ony, gi e obave couse (A) stoting	e.g., DUE TO (B) DUE TO ving the (C)	elimonia elmonary CUD	ldem	u 2-3 da
heart failure, injury ar cam DISEASES Crise la the	asthenia, etc. II means the dise opticolian which coused death.) ANTECEDENT CAUSES OR CONDITIONS, if ony, gi	e.g., DUE TO OUE	Imonary SCUD	edem	u 2-3 da
DISEASES Orise to the UNDERLYING OTHER SIGNITO THE DOTSEASE OR	asthenia, etc. II means the dise opticolian which coused death.) ANTECEDENT CAUSES OR CONDITIONS, if ony, gi e obave couse (A) stoting	JTING			
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DISEASES OF THE DISEASE OF THE DISEA	asthenia, etc. It means the dise apticolian which coused death.) ANTECEDENT CAUSES OR CONDITIONS, if ony, give obave couse (A) stoling a CONDITION last. II FICANT CONDITIONS CONTRIBLEATH BUT NOT RELATED TO CONDITION CAUSING IT. OPERATION 19B. CONDITION F	JTING THE	20A. AUTOPSY? (Yes or No) 20 IN NO in or obout 21C. WHERE DID	B. IF YES, WERE CERTIFYING CA	FINDINGS CONSIDERED
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NOTHER SIGNITO THE DISEASE OR 19A-DATE OF OR CONTRIBL DEATH (notify (APPROX.)	asthenia, etc. II means the dise phicolian which coused death.) ANTECEDENT CAUSES OR CONDITIONS, if ony, give obave couse (A) stoling GONDITION last. II FICANT CONDITIONS CONTRIBLE EATH BUT NOT RELATED TO CONDITION CAUSING IT. OPERATION 19B. CONDITION F WAS PERFORMED NT WAS UNDERLYING THE MAS UNDERLYING TO MAS UNDERLYING THE MEDICAL SECTION (Hour) Though (I) (this hospital) oftend	JTING THE OR WHICH OPERATION 21 B. PLACE OF INJURY (e.g., home, form, factory, street, etc.) 21 E. INJURY OCCURRED While At Not White At Work ed the deceased from	20A. AUTOPSY? (Yes or No) 20 IN NO IN	B. IF YES, WERE CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? City, give exact location)
DISEASES OF THE DISEASE OF THE DISEA	ashenia, etc. II means the dise phicolian which coused death.) ANTECEDENT CAUSES OR CONDITIONS, if ony, gis obave couse (A) stoling G CONDITION last. II FICANT CONDITIONS CONTRIBLE ATH BUT NOT RELATED TO CONDITION CAUSING IT. OPERATION 198. CONDITION F WAS PERFORMED NT WAS UNDERLYING TIME CAUSE OF medical examiner) (Month) (Doy) (Year) (Hour) that (I) (this hospital) attend	218. PLACE OF INJURY (e.g., home, form, factory, street, etc.) 218. INJURY OCCURRED While At Not White At Work led the deceosed from on 15	20A. AUTOPSY? (Yes or No) 20 NO IN in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY	B. IF YES, WERE CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
NOTHER SIGNITO THE DISEASE OR 19A-DATE OF ONTRIBL DEATH (notify (APPROX.) 22. I certify that (I) (we) and hour and	ashenia, etc. II means the dise phicolian which coused death.) ANTECEDENT CAUSES OR CONDITIONS, if ony, give obave couse (A) sloting GONDITION last. II FICANT CONDITIONS CONTRIBLE EATH BUT NOT RELATED TO CONDITION CAUSING IT. OPERATION 19B. CONDITION FOR WAS PERFORMED NT WAS UNDERLYING THE MAS PERFORMED TINING CAUSE OF medical examiner) (Month) (Day) (Year) (Hour) that (1) (this hospital) attend lost sow the deceased alived from the couses stated oboved	218. PLACE OF INJURY (e.g., home, form, factory, street, etc.) 218. INJURY OCCURRED While At Not White At Work led the deceosed from on 15	20A. AUTOPSY? (Yes or No) 20 NO IN in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY	B. IF YES, WERE CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? City, give exact location) 19 6
DISEASES OF THE DEATH (Notify LAPPROX.) DISEASE OF THE DEATH (Notify LAPPROX.) 21. I certify that (I) (we) and hour one 23A. SIGNATU	ashenia, etc. II means the dise phicolian which coused death.) ANTECEDENT CAUSES OR CONDITIONS, if ony, give obave couse (A) sloting and conditions contributed to condition and conditions contributed to condition causing it. OPERATION 198. CONDITION FELATED TO CONDITION CAUSING IT. OPERATION 198. CONDITION FOR WAS PERFORMED NT WAS UNDERLYING THE MASHED CAUSE OF medical examiner) (Month) (Day) (Year) (Hour) that (I) (this hospital) attend lost sow the deceased alive defrom the couses stated above the couses stated above the couses stated and conditions are considered.	JTING THE 218. PLACE OF INJURY (e.g., home, form, factory, street, etc.) 218. INJURY OCCURRED While At At Work at Work At Work	20 A. AUTOPSY? (Yes or No) 20 NO In or obout 21 C. WHERE DID Inffice bidg., INJURY OCCUR? 21 F. HOW DID INJURY 19	B. IF YES, WERE CERTIFYING CA (If in Boltimore OCCUR?	FINDINGS CONSIDERED USES OF DEATH? City, give exact location)
DISEASES OF THE DISEASE OF THE DISEA	ashenia, etc. II means the dise phicolian which coused death.) ANTECEDENT CAUSES OR CONDITIONS, if ony, give obave couse (A) sloting and conditions contributed to condition conditions contributed to condition causing it. OPERATION 198. CONDITION FURSHIP CONDITI	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.) 21E. INJURY OCCURRED While At Not White Work Not White Work Work (1) (We) (did) (did not)	20 A. AUTOPSY? (Yes or No) 20 NO In or obout 21 C. WHERE DID Iffice bidg., INJURY OCCUR? 21 F. HOW DID INJURY 19	B. IF YES, WERE I CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? City, give exact location) 19 6: nion death occurred on the

25C. FUNERAL DIRECTOR ADDRESS
Approachly Sons 300 Mace and, Bulto, 21

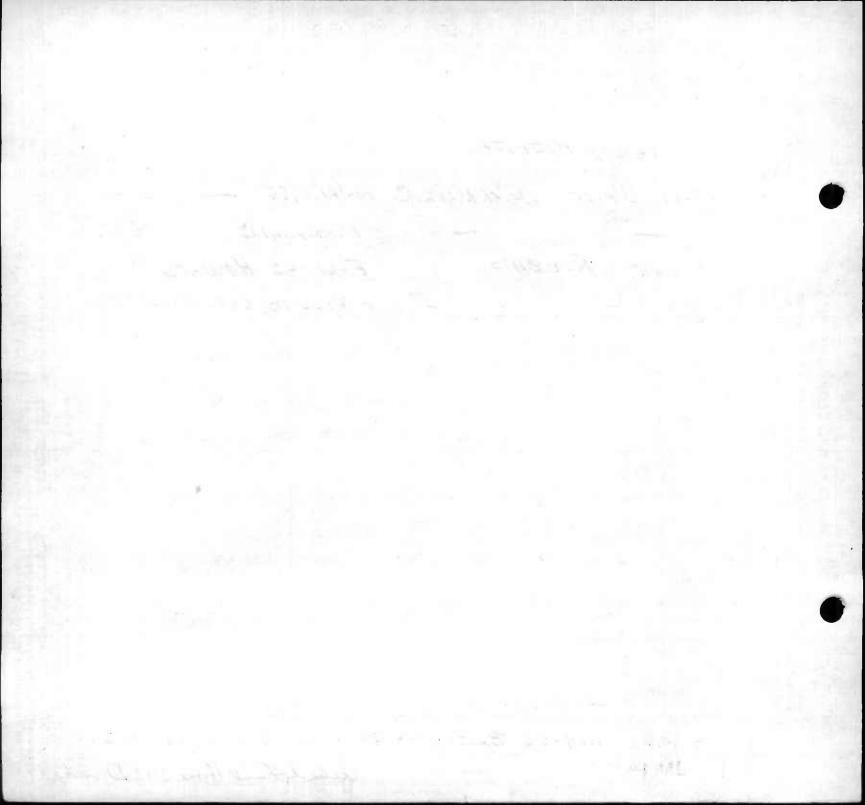
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such IMPORTANT FUNERAL DIRECTOR:

	00 005110	BALTIMORE CITY	HEALTH DEPARTMENT	66 1	10.31
	BIRTH NO. 66	CERTIFICA	TE OF DEATH	Registered No.	644
	M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	./35
	(Type Kerby, Marie anna		1/16	166	4 A. M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e doceased lived. If ins	titution: residence before admission)
,	FULL NAME OF (If not in hospital ar institution, give HOSPITAL OR address of location)	street	C. CITY OF TOWN (IF OUT	side city limits, write R	URAL ond give tawnship)
7	north Charles Gen	v. Hasp.	A \	rurol, give locotian)	21218
	The contract of	/	3032 Suil	tord Ave	/
DDILL SI	Fomala IIIh. +0	VER MARRIED IVORCED (specify)	8. DATE OF BIRTH 11/27/97	9. AGE (In years last birthday	If Under 1 Yr. II Under 24 Hrs. Manths Days Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BU dane during most of working life, even if refired)	SINESS OR INDUSTRY	11. BIRTHPLACE (Stare at farei	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
Sposition	cashier Hardwar	eFair	Maryland		U-S, A,
200	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	, ,	
2	Dobriener, Morris		Bearing, h	telena	
5	15. Was Deceased Ever in U. S. Armed Forcas? (Yas, no or unknown) (If yas, give war ar dates of sorvice)	SOCIAL SECURITY NO.	17. INFORMANT	in 44 Rocka	way Tight ave
	no 2	18-01-4403	J. O. Kerby	Baetima	remd, 21221
5	18. 15-3.11	CAUSE O	F DEATH /		INTERVAL BETWEEN ONSET AND DEATH
0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ton	in 01 00 .1	trouse	
	(This does not mean the mode of dying, e.g.,	DUE TO	nined Ca of	Ouline	
2	heart failure, asthenio, etc. It meons the disease, injury or complication which caused death.)	Mari	1-1- 1 C19 f	7	
	ANTECEDENT CAUSES	DUE TO	ann as armi	ieum	
3	DISEASES OR CONDITIONS, if ony, giving	(C)			
	UNDERLYING CONDITION losi.	An aller the still related to the state and the send to read t		O = M = NOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	
3	Z CONTRACTOR CONTRACTOR CONTRACTOR				
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
0	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Yos ar No	20B. IF YES, WERE FI	NDINGS CONSIDERED
- D	11/11/66, WAS PERFORMED E	: Chitru eti	en	IN CERTIFYING CAU	SES OF DEATH?
	U 21 A. ACCIDENT WAS UNDERLYING 21 B. PLA	ACE OF INJURY (o.g., in	fice bidg., INJURY OCCUR?	(If in Boltimore	City, give exact lacotion)
2	0	JURY OCCURRED	21F. HOW DID INJI	URY OCCURS	
	₩ OF INJURY	At Not While	• 🗆	DRY OCCUR:	
3	Work	At Wark	111111111111111111111111111111111111111		ot 4.30 a.m.
5	22. I certify that (I) (this hospital) attended the a	I la lata Of 4.	30 666 RI Fim	9 66. to	16/66. 1966.
2	and hour and from the causes stated above. (1) (V	/16/66. at H.	i.m.	or in (my) (our) opin	ion deoth occurred on the date
	23A. SIGNATURE	re) (did) (did Hor) V	Tew the body offer deoff.		23B, DATE SIGNED
	dureling in sellies	M.D. Atto	onding Med. Director	Stolf Phys.	1/16/66.
3	23C. PHYSICIAN'S	/ •	23 D. ADDRESS	, , , , , , , , , , , , , , , , , , ,	110100
2	WAILENSTEIN LEON	VARD M.D.	848 West	- 36m ST.	Balto.
approad a	24A. BURIAL CREMATION, 24B. DATE / 24C. NAME	of CEMETERY OF CRE	MATORY 24D. LC	OCATION (City	, town, or caunty) (Stote)
	Bureal 1/19/66 Lac	idan Par	R	Baltima	ne md-
		REGISTRAR X	25C. FUNERAL DIRECTOR	1 40 X 42	04 RADBISSurod
	JAN 18 1966 R. C. & C. Stalley	MA	ary your	vacusi Ba	elto 15t md.
	VS 150-REV. 1/1/65	U L	0 3 1 0		



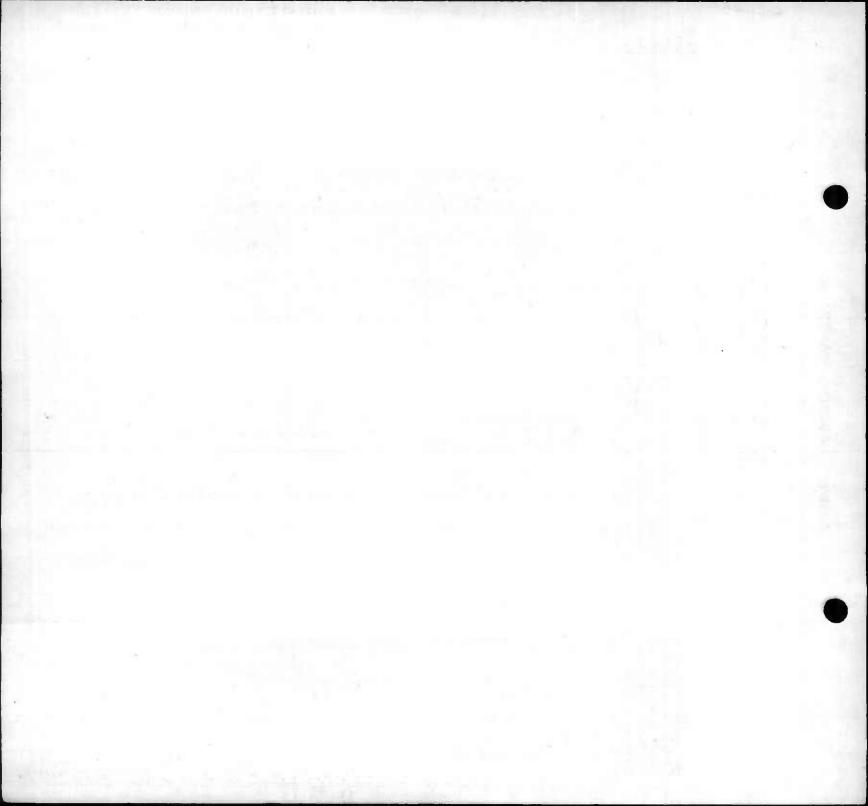
MATU NO 11 -01283 66 UN	BALTIMORE CITY	HEALTH DEPARTMENT	66 00512
BIRTH NO. WO TO I DO J	CERTIFICA	TE OF DEATH Registered Na.	00 00012
M.E. CASE NO. 1. NAME OF DECEASED	_	2. DATE AND HOUR OF DEATH	1
(Type or Print)	Y ROBBIN	5 16JAN 196	6
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased fived, If	institution: residence before admission
FIRST NAME OF THE COLUMN TO SECURE OF THE SECU		The state of the s	Dr. Ut
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ion, give street	C. CITY OR TOWN (If outside city limits, write	RURAL and give township!
INSTITUTION		14060	1 (Donal) House
7 MERCY HOSPI	TRIL	D. STREET ADDRESS (If rurol, give location)	0 0 6 6 6 5 6 7 6 6 6
, were			00 00
S. SEX 6. RACE 7. MARI	RIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 H Months! Doys Hours! Min.
MALE WHITE WE	WED, DIVORCED (specify)	12 JAN 1966 lost birthdoy)	TVIOTIMES COURS FROM
10A. USUAL OCCUPATION (Give kind of work 10B. KIN			12. CITIZEN OF
done during most of working life, even if retired)		MARYLAND	WHAT COUNTRY?
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	0.0,77.
Daggarii) ~		8
, , , , , , , ,		FRANCES HOWAR	D
5. Was Deceased Ever in U. S. Anned Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv	ce) SECURITY NO.	17. INFORMANT	ADDRESS Diller
NO -		R. ROBBINS, 6600 WO	ODS PRWY LINE
18. 74 9 3	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	M	14.0 41	ONSET AND DEATH
LEADING TO DEATH	(A) 17L	ultiple conquitial ono	mules
(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the dise	c.y.,		
injury or camplication which caused death.)			
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if any, gi	ving		
rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	the (C)		
O OTHER SIGNIFICANT CONDITIONS CONTRIBL	TING		
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE		6.00
19A, DATE OF OPERATION 119B, CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED	-	No IN CERTIFIED CO	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street,		re City, give exact location)
DEATH (notify medical examiner)	etc.)		
Q 21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At -Not-Whi		
	Work At Work		1 - 1/
22. I certify that (1) (this hospital) attend	1 - 1/-	1-12 19 60610	1 -16 19 66
that (I) (we) last saw the deceased alive	an 1-16	19 66 and that is (hay) (aur)	inian death accurred an the d
and haur and fram the causes stated abov	e. (I (We) (did) (did nat)	view the bady after death.	
23A. SIGNATURE	000		23B, DATE SIGNED
Mana X X	hellos M.D. Att	ending Med. Stoff Phys.	1-16-66
23C. PHYSICIAN'S	1	23D. ADDRESS	
NAME (Type)	HE HOM M.D.	Werey Hospi	tal
24A. BURIAL CREMATION, 24B. DATE 24	TOTTOH,	EMATORY 249. LOCATION (C	City, lown, or county) (State)
REMOVAL (Specify)	900-11100-	Detroile 2	1 13
150RIAL 1-19-66	DALINGER	DALTIMOR	e, NIV.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAI	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
AND TO 19PP OF TO F	· X market	a Glean From Home	2112 Dundal
VS 150-REV. 1/1/65	W 4 17	0 0 0	



VS 150-REV. 1/1/65

1	BALTIMORE C	TITY HEALTH DEPARTMENT
<u>.</u>	BIRTH NO. GG 00543 CERTIFIC	CATE OF DEATH Registered No.S. (10543
Sucl	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
S	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	1/12/16 GAM
÷.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. Il institution: residence before admission) A. STATE B. COUNTY
death	FULL NAME OF (If not in hospital or institution, give street	
	HOSPITAL OR oddress or locotion)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
2	5	BATIMONE 26
prior le.	CHURCH HME + (WSPITAL	D. STREET ADDRESS (If rurol, give location) Out 1/67/1 A1/5 2/22 >
de.		1653 = MARIOLE NO
Sed	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) 1 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
ced n is	IOA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
de	HOUSEW (FE	MARY LAND UST
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
the	JOHN ARMSTRONG	ZKANCGS NAPRESKI
on di	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	CHART
	18. CAUSE	OF DEATH INTERVAL BETWEEN
nda	SWIND OF SOURIES HOLDER	ONSET AND DEATH
ted	LEADING TO DEATH	NEMIA, CAUSE UNDETERMINED
_	(This does not mean the mode of dying, e.g., DUE/TO heart failure, asthenia, etc. It means the disease,	
lar	injury or complication which caused death.)	
em	ANTECEDENT CAUSES (8) DUE TO	
are	DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the (C)	
- v	UNDERLYING CONDITION lost,	
was		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
iciar he r		200 A AUTORIAN IV N 200 IF YET WEST SINGINGS CONSIDERED
V) +-	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ohy	U 21 At ACCIDENT WAS UNDERLYING 21 B, PLACE OF INJURY (e.	g., in or about 21 C. WHERE DID (If in Baltimore City, give exact location)
bei	DEATH (notify medical examiner) etc.)	office bldg., INJURY OCCUR?
obtained	OF INJURY (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?
D in	(APPROX.) While At Work At W	While ork
bt	22. I certify that (I) (this hospital) ottended the deceased fram	1/7/4619 10 1/12 1966
	that (I) (we) lost saw the deceased alive on	19 6 E and that in (my) (aur) opinion death accurred an the date
death); must be	and haur and fram the causes stated above. (1) (We) (did) (did na	t) view the bady after death.
dec	23A. SIGNATURE	23B, DATE SIGNED
0=	Mr W G. Then for M.D.	Attending Med. Stoff Phys. 9 1/12/66
DVC	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
prior to	MARCAND A. MILENTINDA	.o. estimet HME + COSPLTAL
Pop	24A, BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL ISpecify)	CREMATORY 24D. LOCATION (City, town, or county) (State)
eceased rritten a	1300111 1/14/66 SACRED HE	MAT DUNDITUR MA
ritten	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
de ¥	JAN 18 1966 PO 6- Q JO 11	1166BICH FUNKAHI HOME DINDAM

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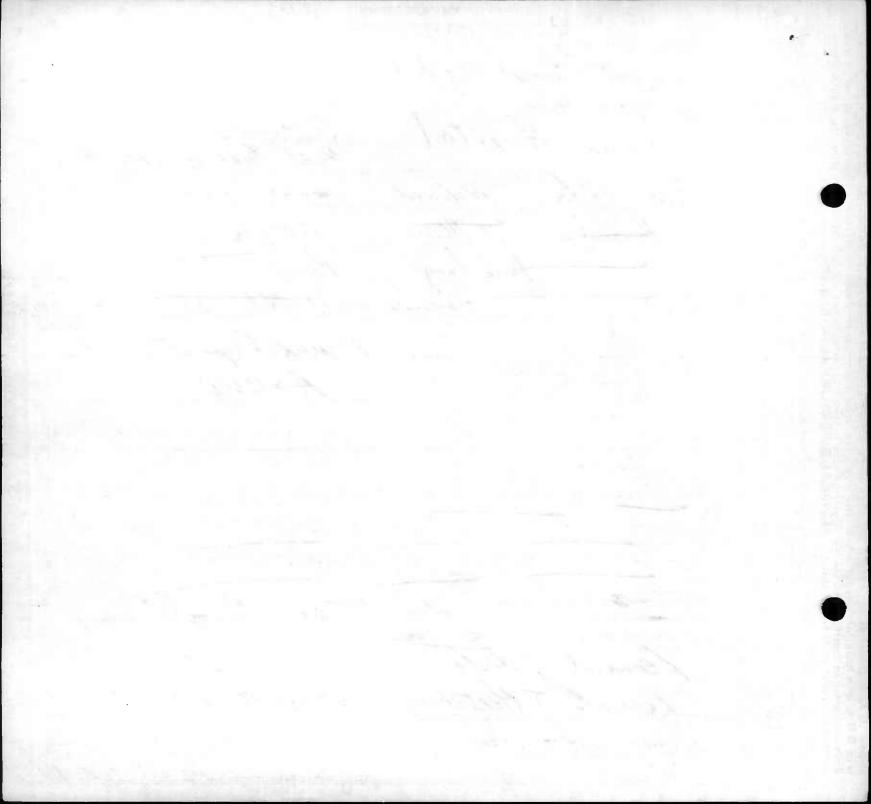
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

	66 0051	BALTIMORE CITY	HEALTH DEPARTMENT	00	COMAR
BIRT	TH NO.	CERTIFICA	TE OF DEATH	Registered No.	00034
	E CASE NO.	GERTH TOX			
	pe of Print Corge Wa	and Coo	6- 0	AND HOUR OF DEATH	6 12:55 m.
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (YA. STATE By CO		ution: residence before admission)
	FULL NAME OF (If not in hospitol or instituti HOSPITAL OR oddress or location) INSTITUTION	on, give street	C. CITY OR TOWN (III	outside city limits, write RUR	AL and give township)
4			De STREET ADDRESS	(If rurol, give location)	
1	Anion Memoria	1 2/050	3100	abell a	tre
5. 5	SEX 6. RACE 7. MARR WIDO	NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH 1/89	3 9. AGE (In years In M	Under 1 Yr. If Under 24 Hrs.
	USUAL OCCUPATION (Give kind of work 10 B. KIND during most at working life, even if retired)	OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (Stote or f	oreign country)	2. CITIZEN OF WHAT COUNTRY?
	Accountant U.S.	Govt.	New York		USA
13.	FATHERS NAME		14. MOTHER'S MAIDEN	NAME	C 1
16	reorge look	e (D)	ada	15 areas	(0)
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (It yes, give war or doles of servi	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			J. Cooke Syra	cuse, N.Y.	
	1B. 4 20.1	CAUSE OF	DEATH	/	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		- /-	Y Y	
	(This does not mean the made of dying,		rediac v		
	heart failure, asthenia, etc. It means the diser injury or complication which caused death.)	ase,	/-/	00/7	
	ANTECEDENT CAUSES	(B) MG	cordeal	fujarcho.	H
	DISEASES OR CONDITIONS, if any, give	ring DUE TO	- / 7	- / ·	////
	rise la lhe above cause (A) slating UNDERLYING CONDITION last.	The (C)	riorierdu	· Words Obbeca	fin Al read
	11				
0	OTHER SIGNIFICANT CONDITIONS CONTRIBU				
AT	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	WAS PERFORMED	OR WHICH OPERATION	10 Comments	No. 208. IF YES, WERE FINING CAUSE	DINGS CONSIDERED S OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 27°C. WHERE DID fice bldg., INJURY OCCUR	(If in Bollimore C	ty, give exact location)
0	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?	
ME	(APPROX.)	While At Work Not While At Work			
	22. I certify that (1) (this hospital) attended	L	1/3	1966 10	1/3 1966
	that (I) (we) lost saw the deceased alive	1/12	19 66 ond		n death occurred on the date
	ond hour and from the couses stated above				233111 OCCURRED ON THE GOIL
	23A SIGNATURE	to the tard tard tard indi) v	The body offer deof		B. DATE SIGNED
	Road D Ila	M.D. Atte	nding Med.	Statt Phys.	1/12/19/1
1	23C. PHYSICIAN'S		23D. ADDRESS		1/19/166
	NAME D'ONALD G. HALL	M.D.	MMM UN	ION MEMORIAL	HOSPITAL
24A	BURIAL CREMATION, 248. DATE 240	C. NAME of CEMETERY of CRE	MATORY 24D	LOCATION (City,	lown, or county) (State)
14	REMOVAL (Specity)			yracuse, New Yo	
25A		Woodlawn Cemeter	25C. FUNERAL DIRECT		ADDRESS
	10N 10 1000 0 0 0	7. D	Ullrich Fun		imore, Md.
VS	150-REV. 1/1/65		0 5 4	()	

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FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. ERTIFICATE OF DEATH and of death. (4) Undetermined cause; (5) Deceased M.E. CASE NO. Such 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital eath. 4. USUAL RESIDENCE (Where deceased fived. If institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance cause FULL NAME OF (If not in hospital or institution, give street 0 HOSPITAL OR oddress or location) C. CITY OR (If outside city limits, write RURAL and give township) attend 0 prior D. STREET ADDRESS give location) contributing occurred is made. regular S. SEX MARRIED, NEVER MARRIED AGE (In years If Under 1 Yr. If Under 24 Hrs. 6. RACE B. DATE OF BIRTH deceased WIDOWED, DIVORCED (specify) birth Doys Hours idowed 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTH MEACE (Stote or foreign country 12. CITIZEN OF disposition death WHAT COUNTRY? done during most of working life, even if fetired) 2 10 Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct assistant if eath no kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 7. INFORMAN ADDRESS or final (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. attendance 70 any pronounced CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also. embalmed of LEADING TO DEATH fracture (This does not meon the mode of dying, e.g., hearl failure, asthenio, etc. Il means the disease, the chief medical examiner examiner. regular injury or complication which caused death.) (R) ANTECEDENT CAUSES who DUE TO are 4 DISEASES OR CONDITIONS, if any, giving 3 the obove couse (A) stoling the physician the remains UNDERLYING CONDITION last. Was medical burns; OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED physician TO THE DISEASE OR CONDITION CAUSING IT. Body CERTIFIC 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 8 before by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where to the hospital °N DEATH (notify medical examine elc.) nature; MEDIC be obtained 21 D. TIME (Month) (Doy) (Year) 21 E INJURY OCCURRED (Hour) 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except Not While While_At (APPROX.) and Work AT Work any 22. I certify that (this hospital) attended the deceased from that (1) (we) last sow the deceased alive on ond that in (my) (a) apinion death occurred on the date eath) of hospital the body was released and hour and from the causes stated above. (1) (did) (did not) view the body after death. must shows: (1) An accident 23A. SIGNATURE 23 B. DATE SIGNED Ö M.D. Attending Phys. Med. 0 approval Director Phy s. 0 23 C. PHYSICIAN'S 23D. ADDRESS certificate prior at NAME (Type) 20 K 24A. BURIAL CREMATION. 24B. DATE eceased 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, 0.0 REMOVAL (Specify written Was 258. NAME OF REGISTRAL 2SA. DATE REC'D HEALTH DEPT 2SC. FUNERAL DIRECTOR ADDRESS D VS 150-REV. 1/1/65



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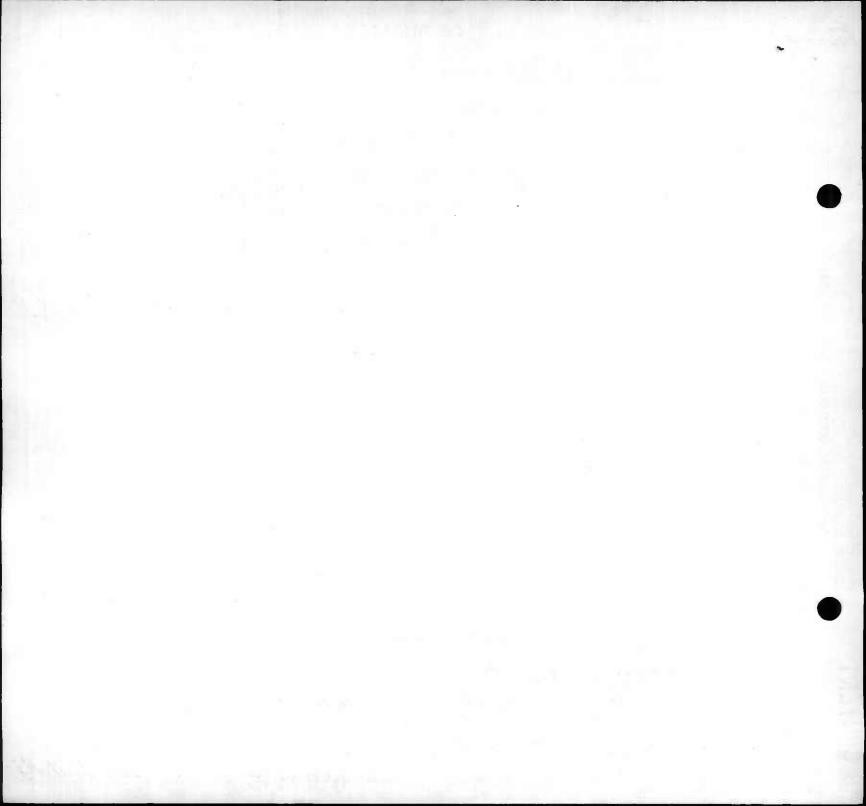
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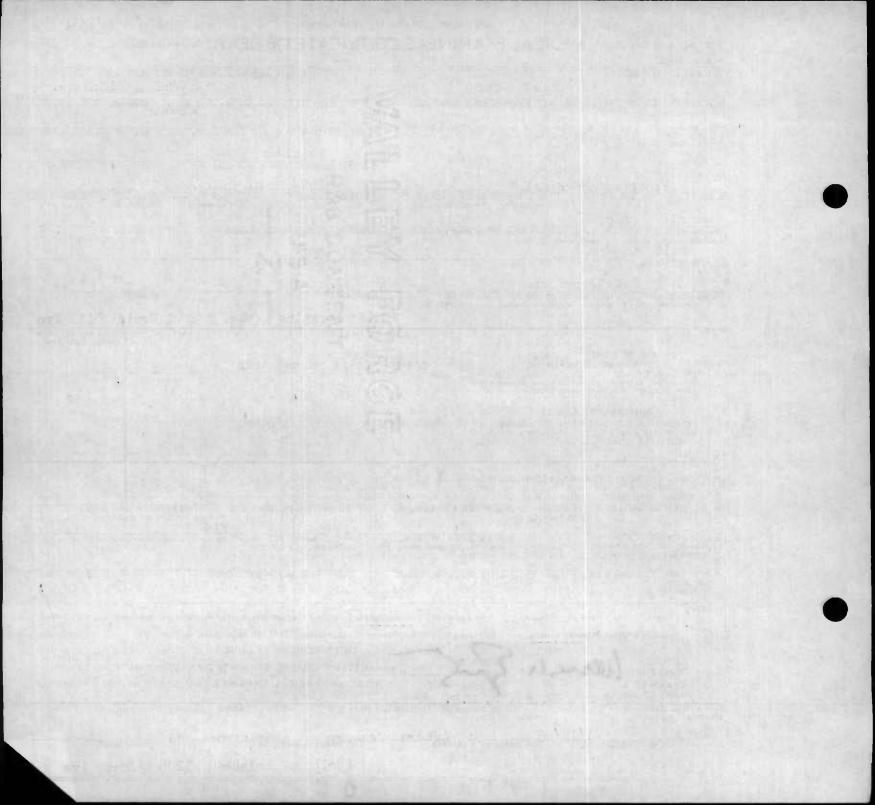


2171			BALTIMORE CITY	HEALTH DEPARTMENT	
	BIRT	H NO. 66	00547 CERTIFICA	TE OF DEATH Registered No.	66 011547
and eath asec the Such		AME OF DECEASED		2. DATE AND HOUR OF DEATH	03.01.03.7
77 (1)		e or Print) LENA JACO	DBS	JANUARY 14, 1966	1:20 A
5 0 0 4	3. P	LACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where deceosed lived, if ins	titution: residence before odmission)
hospirse of (5) De ance deat				MARY LAND	1771
hose use (5) dea	H	IOSPITAL OR oddress or location	or institution, give street	C. CITY OR TOWN (If outside city limits, write RI	JRAL and give Township)
a h caus se; (senda to d	."	NOITUTION		BALTIMORE	
ng caus	1	SINAI HOSPI	TAL	D. STREET ADDRESS (If rural, give location)	
0	4"			3803 GLENGYLE AVENUE	
contribut contribut letermined in regular eccased pr	5. S	EMALE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) 81	If Under 1 Yr. II Under 24 Hrs. Months Coys Hours Min.
contri termii regu				11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
th on on		during most of working life, even if retired) HOUSEWIFE	AT HOME	LATVIA	WHAT COUNTRY?
direct or ; (4) Und h was n the d	13. [FATHERS NAME		14. MOTHER'S MAIDEN NAME	-
if (4) th th is po		MORRIS RIFKIN	J	NOAMI ?	
stant ind; ind; eath e on	15. V	Nas Deceased Ever in U. S. Armed For no or unknown! (It yes, give wor or dote	ces? s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
ニーショット		NO	SECORIT NO.	MR. ARNOLD L. JACOBS 3811	MENLO DRIVE
H	\vdash	18. // 20 /	CAUSE OI	F DEATH	INTERVAL BETWEEN
his of an of an uncertend		DISEASE OR CONDITION DIE	RECTLY	readal hyanetrus	ONSET AND DEATH
Also, e of noun		LEADING TO DEATH	(A) 19U	premary pymam	4wh
		(This does not mean the made of heart failure, asthenia, etc. 11 means	the disease,		
miner. fractu o pro gular embal		injury ar camplication which coused	death.)	01),	
7 - 4 - 0 0		ANTECEDENT CAUSES	DUE 10		
		DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last.			
dical ical e rns; (3 sician was ir mains		UNDERCTING CONDITION Idsi,			
0 70 7	ATION	OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	ONTRIBUTING POTES IN	from Cerebelle, artery DC	Clumas 6 M
y by ph	ICAT	DISEASE OR CONDITION CAUSING I	1.	[20A. AUTOPSY? (Yes or No)] 20B. IF YES, WERE FI	
by a med 2) Body bure the phy physician	ERTIFI	WAS PERI	FORMED	IN CERTIFYING CAU	SES OF DEATH?
	U	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	or obout 21C. WHERE DID (If in Boltimore line bldg., INJURY OCCUR?	City, give exact location)
by the pital whe whe d be	U	DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year)	etc.)		
the hospitaliny nature; (accept whe accept whe and (6) No obtained be		21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	While At Not White	21F. HOW DID INJURY OCCUR?	
y n y n xce	,		Work At Work		1,4/11
0 0		22. I certify that (I) (this hospital that (I) (we) lost saw the decease	dull.	Jan 1957 10 1	//4/66 19
007-			red obove. (1) (We) (did) (did not) v	19and that in(my) (aut) opin	ian death occurred on the dote
assed to dent of ospital death) must be	1 3	23A. SIGNATORE	(i) (ala) (ala) (23B. DATE SIGNED
3 0		Janel M	ear My M.D. Atte	nding Med. Stoff	1/14/66
		23C. PHYSICIAN'S NAME (Type) DD TACEDIL		23D. ADDRESS	
y was r y was r (1) An a 3.A. at a d prior		NAME UPE DR. JOSEPH	SHEAR M.O.	6715 PARK HEIGHTS AVENUE	
4	24A	BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY or CRE		, town, or county) (State)
F 41 0 0 E		BURIAL 1/16/66	MIKRO KODESH BENT	H ISRAEL BALTIMORE, N	HARYLAND
This certhe bod shows: (was D.C decease written	25A	DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	250 L" LEVINSON & BROS. INC.	6010 REISTERSTOWN RI
¥₩₩₩		JAN 18 1966 (26 Con	i Egither C	0 0 5 4 6	

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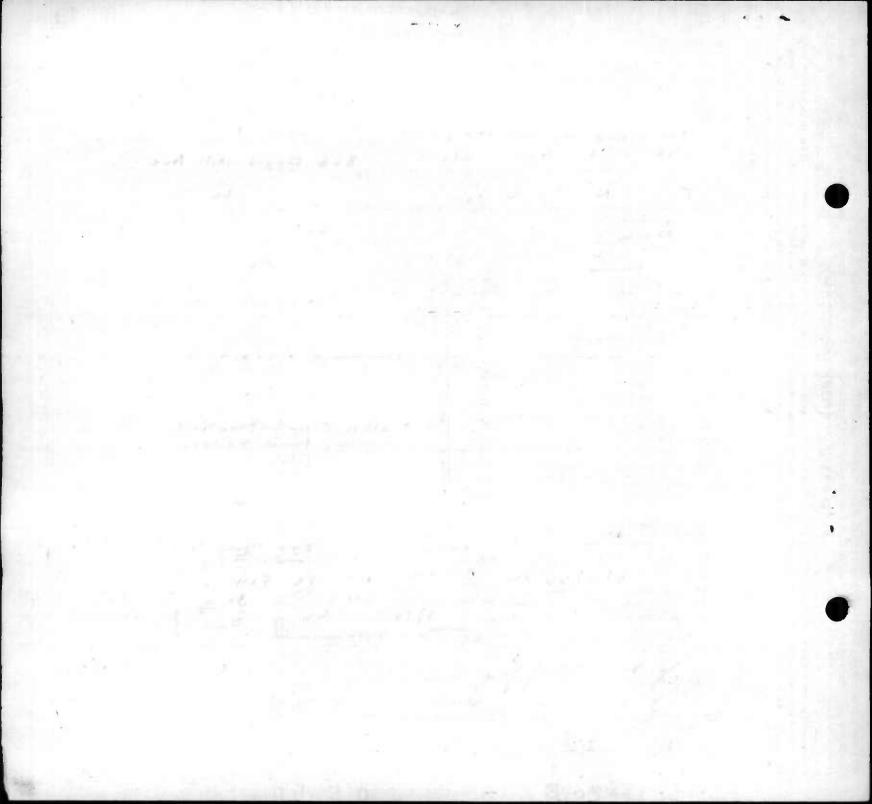
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BIRT	H NO. 65-	23574 MED	ICAL EX	KAMINER'S C	ERTIFICATE C	OF DEATH Regi	stered No	
	CASE NO.							
	NAME OF DEC		ra T	ate	2. DA	TE AND HOUR PRONOU 1/14		12:30 a.
3. P	LACE IN BALT	IMORE, MARYLAND, W	HERE PRONO	UN CED DEAD	4. USUAL RESIDENCE	Where deceased lived, If	institution: reside	nce before odmissio
					Maryl.	and B. C	COUNTY	
HO	L NAME OF	ADDRESS OR LOC	AL OR INSTITU	UTION, GIVE STREET		outside corporate limits,	write RURAL and	give township)
INS	NOITUTION				Balti	more /	4-1-	~
56	3				D. STREET ADDRESS (, 0	
81	Dwo	wident Heani	+01		2004	Druid Hill Av	70	
5. S		vident Hospi		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year		Yr. If Under 24 Hr
	. 1	7 1	WIDO WED,	DIVORCED (specify)	0/11/65	lost birthdoyl	1. 1	ays Hours Min.
	female	colored	LIND WIND O	Child	9/11/65 YII. BIRTHPLACE (Stole o	· facility accusts \	4	05
	e duung most of w	vorking life, even if retired)	KIUS. KIND O	L BONNESS OK INDOSIK		r total gn country!	12. CITIZEN WHAT	COUNTRY?
	hild				Baltimore			
13. 1	FATHER'S NAM	E			14. MOTHER'S MAIDEN	NAME		
		William 7	ate		Lorrain	e		
		D EVER IN U.S. ARMEI		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS	
(103	, no or anknown	in yes, give wor or got	es of service	JEGORITI NO.	Miss Corrain	e Tate 20	04 Druid	Hill Ave
	18.	CN .		CAUSI	OF DEATH	To some the		TERVAL BETWEEN
	DISEAS	SE OR CONDITION D	IDECTI V					INSET AND DEATH
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	(This does n	ot meon the mode of osthenio, etc. It meon	dying, e.g.,	DUE TO		*****************************		
	injury or cor	nplication which coused	deoth.)					
	A	NTECENDENT CAUS	ES				EEU ELI	
	DISEASES	OR CONDITIONS, IF	ANY, GIVING	(B)				
		E ABOVE CAUSE (A) S					(F) (D) (E)	
Z				(C)				
TIC	Red Edition	II						
5		NIFICANT CONDITIONS						
TE		CONDITION CAUSIN						
CERTIFICATION	19A. DATE OF		NOTION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERE		
	2	WA3 FE	KIOKWED		yes	yes	AUSES OF DEA	in:
N.	21A, EXTERNAL UNDERLYING	CAUSE WAS	21 B,	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE office bldg., INJURY OCC	DID (If in Boltimore City	, give exact loca	otion)
	UTING CAU		etc.)	e, tonn, toctory, sheet,	omce bigg, myoki occi	ok:		
X	21D TIME	(Month) (Doy) (Yes	or) (Hour) 2	TE, INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?		
	OF INJURY	in to y			WHILE			
			m. N	WHILE AT NOT	ORK			
	22. I cert	ify that I held on	Inquiry _	Inspection Au	topsy ond that	on this bosis, deoth i	in my opinion	
	resul	ted from: Notural co	uses V	Accident Suicia	provide the second			
	10301					L EXAMINER	,,,,,,	
	ACTUAL	11000	1 5	1./				DATE SIGNED
	SIGNAT		N. C	M.D	ASSISTANT MEDICA		1 /1	1100
	EXAMIN	F.,	/	· · ·	ASSOCIATE MEDICA	AL EXAMINER	1/1	4/66
	NAME (MATION, 23B. DATE	J. Spitz	C. NAME OF CEMETERY	or CREMATORY	23D. LOCATION (C	City, town, or cou	unty) (Stote)
-	AOVAL (Specify		,,					
	DATE REC'D	BY HEALTH DEPT.	DAR NAME	Mt Auburn	Cemet TV	. Baltimore 1	Md AD	DRESS
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	JAN 18	1966 () Ca	15,00	att. Type	Adolphus	Halstead 1	206 W No:	rth Av
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BALTIMORE	CITY	HEALTH	DEPARTMENT

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No.	UU	CO	9	より

	CERTIFICA	TE OF DEAT					
* 1		2. DA	TE AND HOUR OF DEATH	40_			
	m S		1/10/66	1 8 A N			
PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, give street oddress or locotion)				A. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission A. STATE B. COUNTY			
	lotiosof			RURAL ond give township)			
WIDOWED	, DIVORCED (specify)	9	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
		11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
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es? of service)	SECURITY NO.			ADDRESS			
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ECTLY	CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH			
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stating The	D ~ 1:(0) 1/0						
TED TO THE	32						
ORMED	WHICH OFFRATION	20 A. AUTOPSY? (Yes	s or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?			
hom	e, lorm, foctory, street, of	fice bldg., INJURY OCC	UR?	re City, give exoct location!			
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	he deceased from	11 3	19 10	1/10 1966			
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				23B. DATE SIGNED			
A h.	M.D. Atte	nding Med.	Stoff Phys.	1)10/66			
100	X	23D. ADDRESS	1	1 V2 21201			
24C/NA		MATORY	24D. LOCATION (C	City, town, or county) (Stote)			
6 1154		E_	A A Country				
25B. NAME	OF REGISTRAR Y		RECTOR	ADDRESS			
1744 July 44	200. 经人、风源	A della base	Walatand 1206	Marth Are			
	TECTLY dying, e.g., sof service) ECTLY dying, e.g., the disease, death.) ONTRIBUTINA TED TO THE DITION FOR 1 ORMED ONTRIBUTINA ONTRIBUTIN	ANARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 10B. KIND OF BUSINESS OR INDUSTRY 220-22-3793 ECTLY dying, e.g., Due to carried the disease of carried t	A. STATE B. A. STATE B. A. STATE B. A. STATE B. C. CITY OR TOWN D. STREET ADDRESS 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED Ispecify) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole 14. MOTHER'S MAIDE 14. MOTHER'S MAIDE 16. SOCIAL SECURITY NO. 220 22 3793 CAUSE OF DEATH ECTLY dying, e.g., (C) DUE TO TO THE DITION FOR WHICH OFFRATION PRIMED ONTRIBUTING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE blome, form, foctory, street, office bldg, INJURY OCCURRED While Al Al Mork AND While Al Mork Ottended the deceosed from dolow the body offer of the dolow on ded obove. (I) (We) (did) (did not) view the body offer of the dolow on ded obove. (I) (We) (did) (did not) view the body offer of the dolow on ded obove. (II) (We) (did) (did not) view the body offer of the dolow on ded obove. (II) (We) (did) (did not) view the body offer of the dolow on ded obove. (II) (We) (did) (did not) view the body offer of the dolow on ded obove. (II) (We) (did) (did not) view the body offer of the dolow on ded obove. (II) (We) (did) (did not) view the body offer of the dolow on ded obove. (II) (We) (did) (did not) view the body offer of the dolow on ded obove. (II) (We) (did) (did not) view the body offer of the dolow on ded obove. (II) (We) (did) (did not) view the body offer of the dolow on ded obove. (II) (We) (did) (did not) view the body offer of the dolow on ded obove. (II) (We) (did) (did not) view the body offer of the dolow on ded obove. (II) (We) (did) (did not) view the body offer of the dolow on ded obove. (II) (We) (did) (did not) view the body offer of the dolow on ded obove. (II) (We) (did) (did not) view the body offer of the dolow on ded obove. (II) (We) (did) (did not) view the body offer of the dolow on ded obove. (II) (We) (did) (did not) view the body offer of the dolow on ded obove. (II) (We) (did) (did not) view the body offer of the dolow	A USUAL RESIDENCE (Whore deceased lived, It is STATE IT INSTITUTION, give street IT IN TORTOWN (If outside city limits, write IT IN TORTOWN (If outside city			

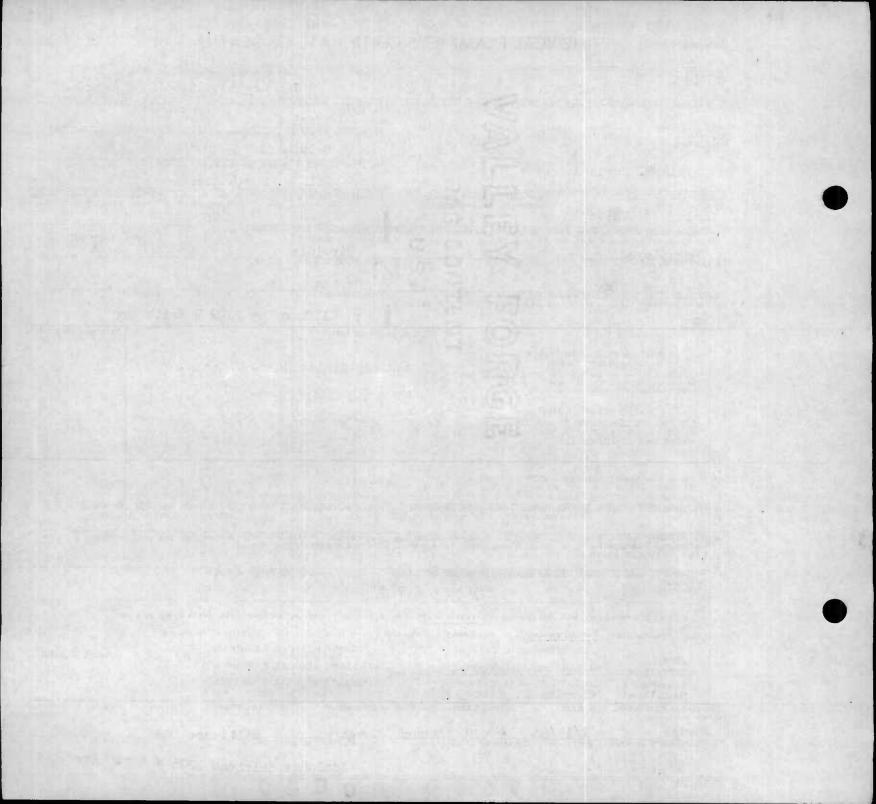


CERTIFICATE OF DEATH Registered No. 10550

I NO.	MEDICAL	EXAMINER'S	1

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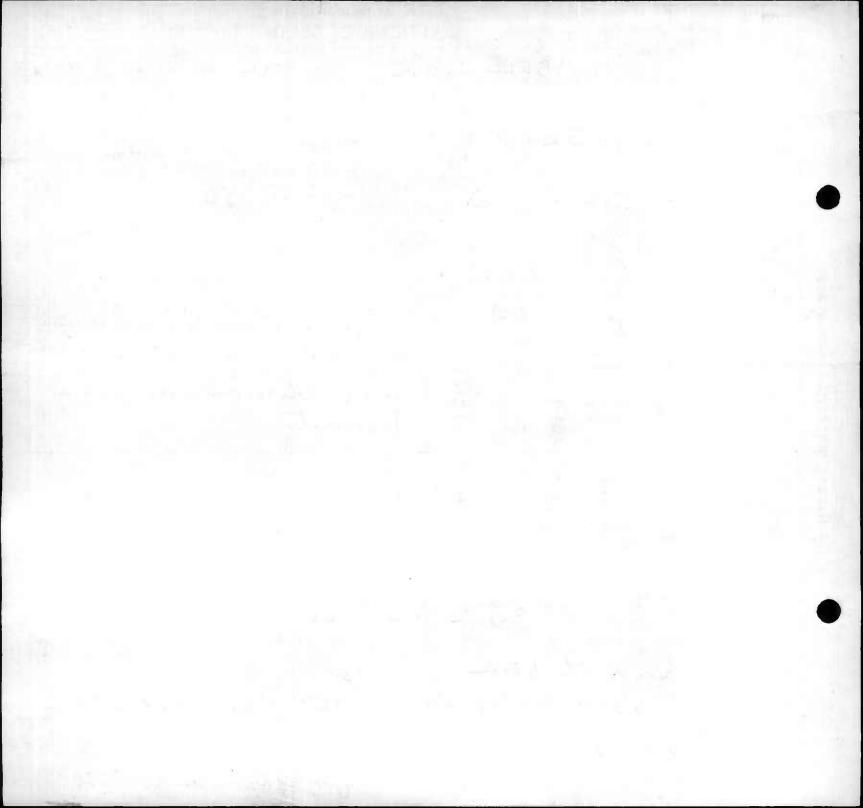
M.E. CASE NO.							ED DEAD	
Type or Print)	WASH ING	TON	DAY			y 15, 1966	ED DEAD	4:30 H
PLACE IN BAL	TIMORE, MARYLAND, W			A. STATE	ESIDENCE (Where	deceased lived. If inst	titution: resider	
ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET		Maryland	corporate limits, write	e RURAL and	give township)
OSPITAL OR	ADDRESS OR LOCA	(IION)			Baltimore		1 the	à /
							10-	06
2815	W. North Aven	ue			DDRESS (If rurol,			
						rth Avenue	1 07 11 1 2	V 1/ 11 1 0
SEX	6. RACE		NEVER MARRIED NVORCED (specify)	8. DATE OF	BIRTH	9. AGE (In years lost birthdoy)		Yr. If Under 2 oys Hours
Male	White	P	V			70		
	UPATION (Give kind of worl working life, even if retired)	10B. KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLA	CE (Stote or foreign	country)	12. CITIZEN WHAT	COUNTRY?
Umempl		Sec. 155		Vir	ginia		US	A
FATHER'S NA	W.E.		-V- S-4 - 10 - 1	14. MOTHER	S MAIDEN NAME			
Welfor	ed Dav			Mart	ha			
. WAS DECEAS	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMA			ADDRESS	
No	iii, at yes, give war ar dale	s of service	3ECORITI 140.	Mr C	lifton Da	7 2102 W No	rth Ave	•
1B. /			CALIS	E OF DEATH				NTERVAL BETV
4	20.01		CAO.	L OI DEATH				DISET AND D
UNDERLYI	HE ABOVE CAUSE (A) SING CONDITION LAST. II BNIFIGANT CONDITIONS	CONTRIBUTION						
DISEASE	DEATH BUT NOT RE		1E					
DISEASE O	F OPERATION 198, CON WAS PER		VHICH OPERATION		NO NO	20B. IF YES, WERE FI IN CERTIFYING CAU		
UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. F home, etc.)	PLACE OF INJURY (e.g. form, foctory, street,	, in or about 21 office bldg., IN	C. WHERE DID (If in Boltimore City, g	ive exoct loca	otion)
21D TIME	(Month) (Doy) (Yeo	r) (Hour) 21	E. INJURY OCCURRED	21	F. HOW DID INJU	RY OCCUR?		
OF INJURY (APPROX.)		m. W	HILE AT NOT	WHILE WORK	4,000			
22.	rtify that I held an	nquiry 🗌	Inspection X A	utopsy	ond that on thi	s bosis, death in	my opinion	
resu	Ited fram: Natural co	uses X A	ccident Sulci	de Ho	micide U	Indetermined monn	er	
			17		F MEDICAL EX	AMINER 🗌		
ACTUA		. /. (1		T MEDICAL EX			DATE SIGN
SIGNAT		us	Felly M.		E MEDICAL EX			1/16/66
NAME	(Type) Charle	s S. Pe	tty, M.D.	ASSOCIA	L MEDICAL L	CAMITY CITY		
A. BURIAL CR	EMATION, 23B. DATE	230	C. NAME OF CEMETERY	of CREMATOR	23 D. L	OCATION (City	, town, or co	unty) (St
Burial	1/19/	66	Mt Auburn of REGISTRAR	Cemetr	THERAL DIRECTOR	Baltimore 1	Md AD	DRESS
4A. DATE REC'E		24B, NAME	F REGISTRAR					
	18 1966 (2.0	Ban E 1 0.	t-2. Usy Mill	Ad	olphus Hal	stead 1206	W Nort	a Ave
'S 151-REV. 1/1	/65	196	000	0	5 4 9			



BALTIMORE	CITY	HEALTH	DEPARTMENT

Registered		GG.	(10)	E	3	
Registered	Na.	UU	CICI	0	1	

1	rh No. 66 0 155	CERTIFICA	TE OF DEATH	Registered Na.	0.00001
1,1	E. CASE NO. AME OF DECEASED pe or Print) A Decease of Printy		2. DATE AND	HOUR OF DEATH	· · / · · · · · ·
	PLACE OF DEATH IN BALTIMORE MARYLAND	L COOK	14. USUAL RESIDENCE (Where	7.10 190	06 7 AM.
	FULL NAME OF (If nat in hospital ar instituting address ar lacation)	an, give street	a. STATE B. COUNT		502
7	1575 N. BRUCE	57	Baltima	The city illinis, wille kok	AL ONG GIVE TOWNSHIP
U	1512 N. DROCE	5 (D. STREET ADDRESS (If ru	Bruse	St.
5.		WED, DIVORCED (specify)		AGE (In years If M	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
dan	USUAL OCCUPATION (Give kind of work 108, KIND oduring most of working life, even if relired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	2. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE A	
	Ulnknon	in	Us	know	
	Was Deceased Ever in U. S. Armed Farces? s, no ar unknawn) (If yes, give war ar dates of servic	1 6. SOCIAL SECURITY NO,	17. INFORMANT		ADDRESS
_	No	1	Mrs togg	5-15,15.	1. Bruce St
	18. 4221	CAUSE	regalificandus 1.	Insuffer	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Me	40 cardy 19	e eneration	Dec 1965
	(This does not meen the mode of dying, a heart failure, asthenia, etc. It means the disea		1		
	injury or complication which coused deoth.)	£10.00	Dis a Cotton	selerin	20310
	ANTECEDENT CAUSES	DUE TO	1 1-4-		
	DISEASES OR CONDITIONS, if ony, giverise to the obove couse (A) stoting		enulity		2,
	UNDERLYING CONDITION Iasi.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE			
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or Na)	20B. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
CAL CE	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in hame, farm, foctary, street, of etc.)	n ar obout 21 C. WHERE DID fisce bldg., INJURY OCCUR?	(If in Baltimare Ci	ty, give exoct lacation)
03	21D-TIME (Manth) (Day) (Year) [Haur) OF INJURY	21E, INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
2	(APPROX.)	While At Nat While Wark Nat Wark	е		
	22. I certify that (I) (this hospital) attende	d the deceased fram	5-28 19	65 to 1-0	0- 1966
	that (I) (we) last saw the deceased alive o	on 1 - 10 -	196 \ and tha	t in(my) (aur) apinio	n death accurred on the date
	and haur and from the causes stated above	o. (I) (We) (did) (did nat) v	iew the bady after death.		
	Sev / Perseto	Phy	s. Director P	Stoff 23	8. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) GEO. H. PEND	LETON M.O.	1723 PM	und Hel	e ana
24/	BURIAL CREMATION, 248. DATE 240	NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City, t	awn, ar county) (State)
6	Jurial 1-14-66	mt Talva	m 3	rooklyn	A. A. To ma
257	JAN 18 1966 R. D. B.		25C. FUNERAL DIRECTOR	All a	ADDRESS
VS	JAN 18 1966 R. C. S. E.	C. Cores	June 1	Vain- E	allo, Md.



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(4) Undetermined cause; (5) Deceased

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Body

(2)

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the body was released to the hospital by

shows: (1) An accident of

approved

certificate must

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 66-0047466 110532 Registered No. CERTIFICATE OF DEATH Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceased lived, II institution; residence before admission) A. STATE COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) OR TOWN write RURAL ()f outside city limits, 2 prior D. STREET ADDRESS (If rurol, give location) mad 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 6. RACE B. DATE OF BIRTH If Under 1 Yr. deceased WIDOWED, DIVORCED (specily) Months Doys lost birthdov les 10A. USUAL OCCUPATION (GIVE kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF disposition done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the On 17. INFORMAN 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL final (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. attendance 18. CAUSE OF DEATH 0 DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, il ony, giving the above couse (A) stoling the the remains UNDERLYING CONDITION lost. physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 214. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF °Z DEATH (notify medical examiner) etc. MEDICA obtained 21 D. TIME (Hour) (Month) (Doy) (Yeoi) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY While At Not While [(APPROX.) Work At Work pup 22. I certify thou this haspital) ottended the deceased fram 1/7 1966 pe 19 that (1) (we) last sow the deceased alive on. death) and hour and fram the couses stated above. (1) (We) (did mot) view the body after death. must 23A. SIGNATURI Attending Med. Stoff M.D. 40 deceased prior to written approval Phys. Director Phy s. 23C. PHYSICIAN'S 23D. ADDRESS

()I in Boltimore City, give exact location) and that in (my) (our) opinion death occurred on the date 23 B. DATE SIGNED M.D. ENSE 12 24A. BURIAL CREMATION OF CREMATORY 24D. LOCATION (City, town, or county) (Stole) REMOVAL (Specily) 25A. DATE REC'D BY HEALTH 25B. NAME OF 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

ond give township)

WHAT COUNTRY?

ADDRESS

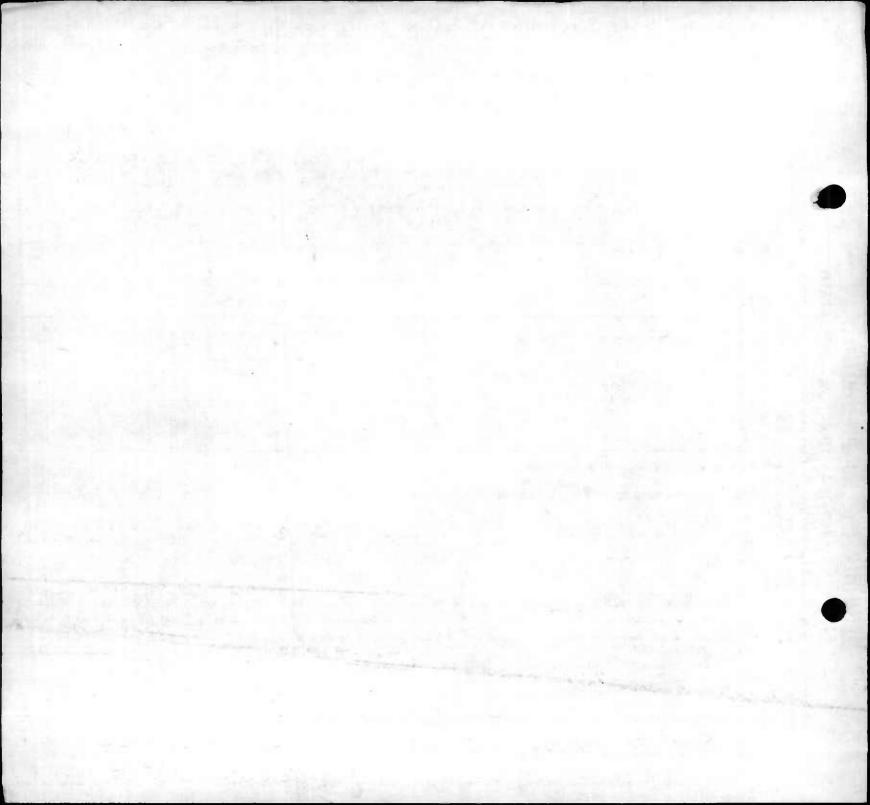
INTERVAL BETWEEN

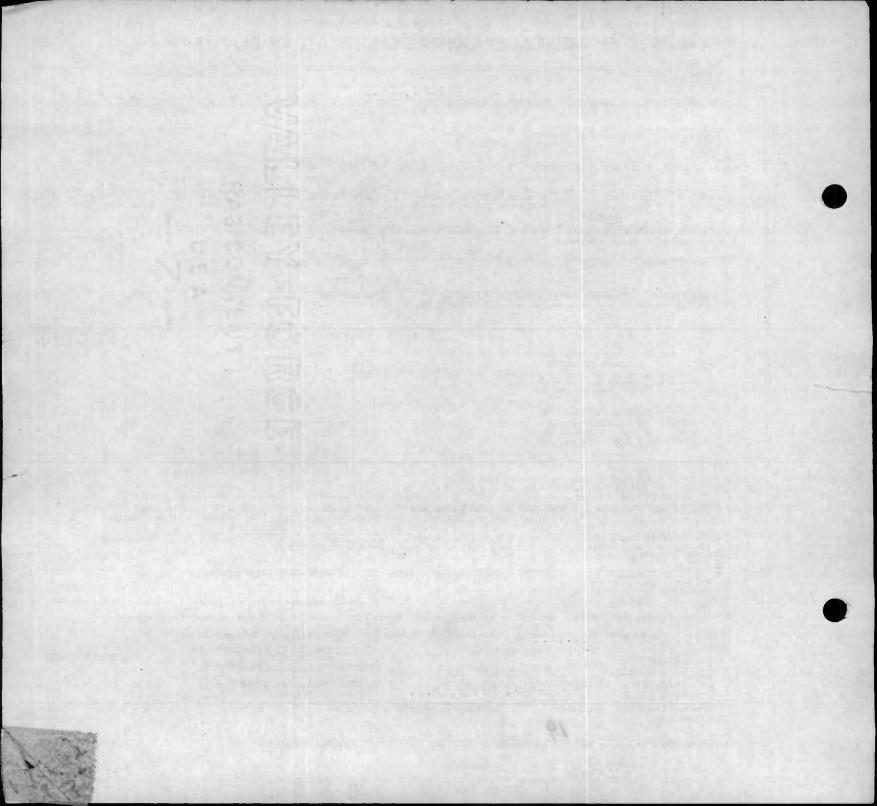
ONSET AND DEATH

23

II Under 24 Hrs.

Hours





a hospital and

occurred in

or his assistant if death

IMPORTANT

DIRECTOR:

FUNERAL

T	BIRTH NO.
	M.E. CASE NO.
	1. NAME OF DE

NAME OF DE	CEASED		4-4 (7)		DATE A	ND HOUR OF DE		
, pc 01 ·	Ne	ed S	Smith			1-16-	66	10:45
PLACE OF DE	ATH IN BALTIMORE, MARY	LAND		4. USUAL RE	B. COU	ere deceased lived. NTY	. If institution:	residence before ad
FULL NAME	OF (If not in hospital or	institution, give	street		and		1	note
HOSPITAL OF	address or lacation)			c. city or t	OWN (If o	utside city fimits, v	write RURAL to	nd give township)
/	Baltimore Cit	ty Hosp	itals	Balti	more			63 700
	+940 Eastern			D. STREET AL		f rurol, give locotion		
	Baltimore, Ma			12 Co	ttage	Avenue -	. II . Im also has be	
Male	Negro 7.	MARRIED, NE WIDOWED, D Marrie	IVORCED (specify)	8. DATE OF B	_	9. AGE (In years lost birthdoy)	Months	er 1 Yr. If Under Doys Hours
A. USUAL OC	UPATION (Give kind of work 10			TRY 11. BIRTHPLA	CE (State or for	eign country)	12. CI	TIZEN OF
one during most o	f working life even if retired)			Wines	nto		W	USA
B. FATHER'S NA	ME			Virgi		A A A F		UDA
	1 1 11			10		R A		
F	& Smith			Ox a	va-	mun		
. Was Decease es, no ar unknow	od Ever in U. S. Armed Force	of service)	SECURITY NO.	17. INFORTMAI	NT '			ADDRESS
	Mi.			RECORD	S-BCH-	4940 Eas	stern	Avenue
1B. 44.3	2.11+26	04	CAUS	E OF DEATH				INTERVAL BETWE
	ASE OR CONDITION DIREC	CTLY			and a			ONSET AND DEA
	not meen the mode of d		(A)	Gram HB	galive	Sepais		29 pm
	, asthenio, etc. 11 meons th	he disease			J			
	ANTECEDENT CAUSES	leath.)	(B)	G	ang	rene O	lig	2 pv
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CEMETERY OF CREMATORY

24D. LOCATION

FUNERAL DIRECTOR

or county)

ADDRESS

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the precision was p.O.A. at a hospital (except where the precision was p.O.A. at a hospital (except where the precision was processed was processed to the processed was processed to the processed was processed to the proce deceased prior to death); and (6) No physician was in regular attendance on the This certificate must be approved by the chief medical examiner written app

24A. BURIAL CREMATION,

JAN

VS 150-REV. 1/1/65

REMOVAL (Specify) Sural 1-27 25A. DATE REC'D BY HEALTH DEPT.

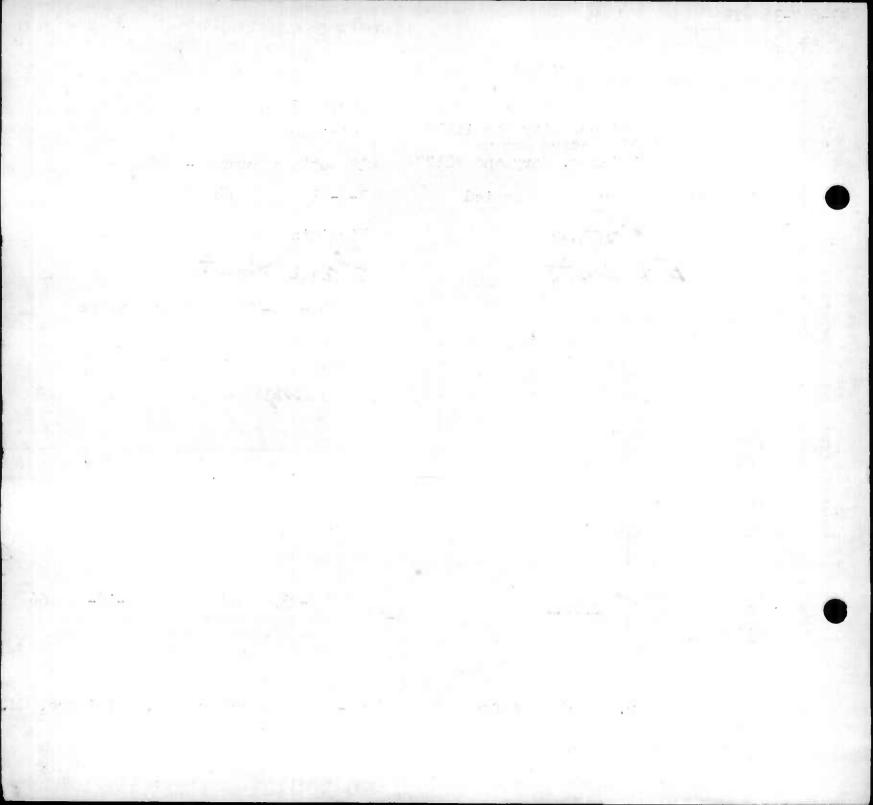
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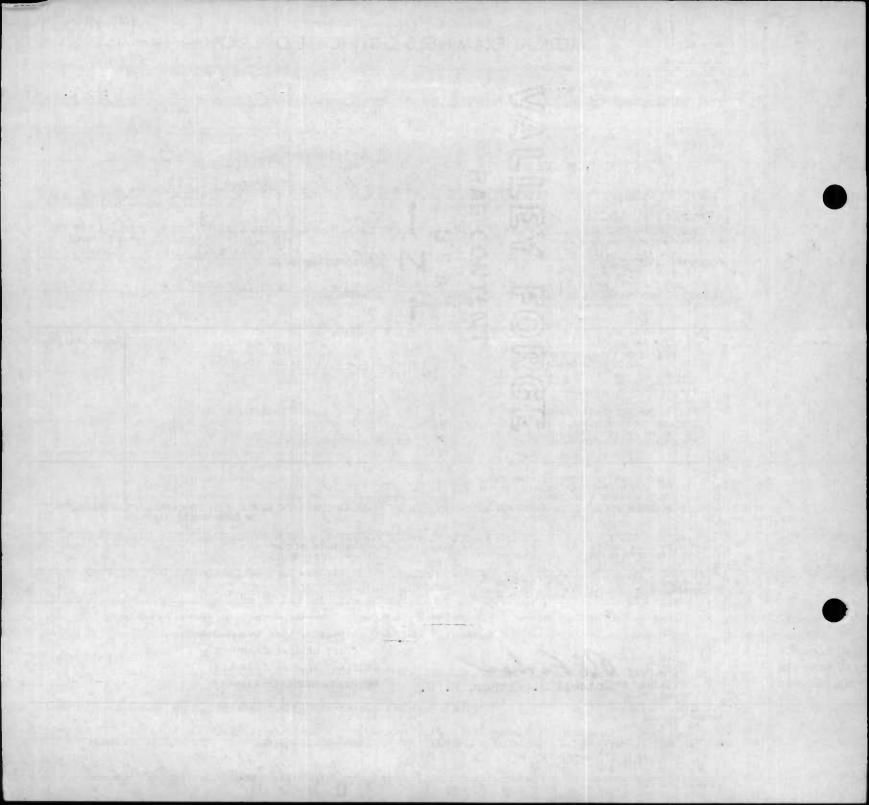
DATE

258. NAME OF

REGISTRAR

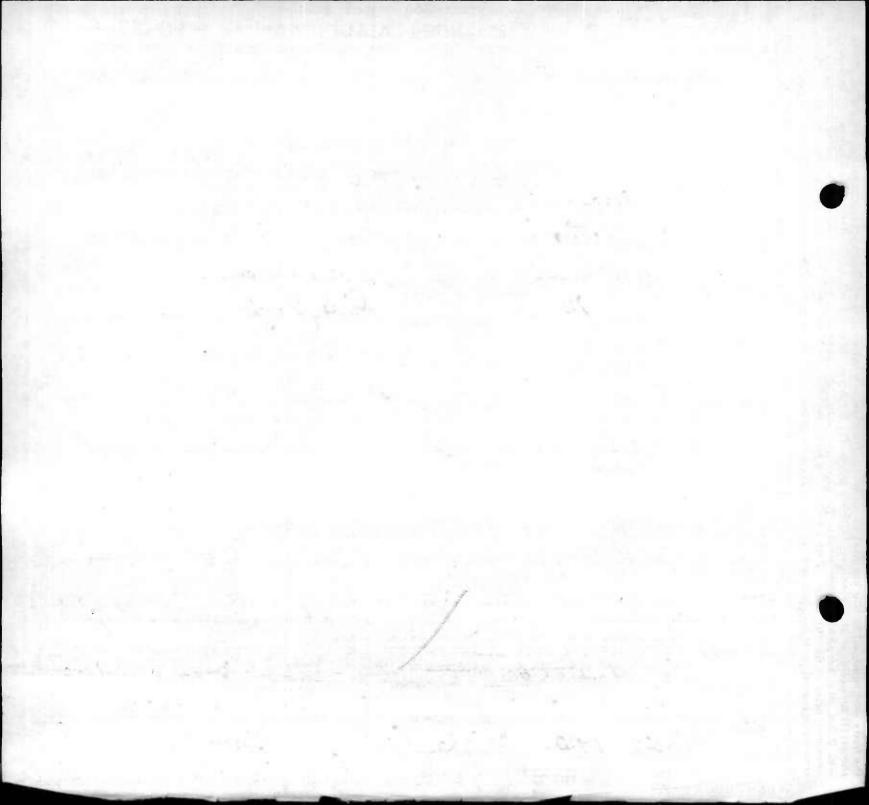


1	66 00555 BALTIMORE CITY HEALTH DEPARTMENT 66 01	0555
B.600	NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No	
	CASE NO.	
	AME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD 1. 1. 1. (()	
	LILLIAN M. BRUNE 1-16-66 [2:15 ACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before the control of	
	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MATY LAND	
	TITION (If NOT IN HOSPITAL OR INSTITUTION, GIVE SIREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give to TUTION)	wnship)
	3443 KENYON AVENUE Baltimore D. STREET ADDRESS (If turol, give locotion)	2
	3443 Kenyon Avenue 21213	
	X 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If WIDOWED, DIVORCED(specify) Months, Doys, H	
	emale White Married august 24, 1917 48 4 23	74116
	USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN	TRY?
	Housewife Ballimore Maryland -	
	and I Fierry	
	AS DECEASED EVERIN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS of service) SECURITY NO.	0 10
	no brunknown) (If yes, give wor or dotes of service) SECURITY NO. 213-19-9905 Mr. John J. Brune 3443 Kenyon	ave 13
		AL BETWEEN AND DEATH
	DISEASE OR CONDITION DIRECTLY	
	(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the discose.	••••••
	injury or complication which coused death.)	
	ANTECENDENT CAUSES (8)	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	(C)	***************************************
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?	ED
	TALESTERNAL CALLSE WAS 1000 BLACE OF INVERSE OF TALLERY (1) TO A STATE	
	NDERLYING OR CONTRIB- home, form, foctory, street, office bldg, NJURY OCCUR?	
	TIME (Month) (Doy) approximate 21E INJURY OCCURRED 21E. HOW DID INJURY OCCUR? APPROX.) 1 16 66 Noon White AT Nort WHILE X Shot self in head	
	1 certify that I held an Inquiry Inspection X Autapsy and that on this basis, death In my apinian	
	resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	CICNED
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	SIGNED
	THE DE LIGHT OF LIGHT IN D.	7-66
	NAME (Type) BURIAL CREMATION, 23B, DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county)	(Stote)
	Beveral Jan-20-66 Holy Redeemer 4430 Belair Rd-Bal	timore Ma
	DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS	
	JAN 18 1966 P. Cat E. Jacker Ma John a. Dreblinuckanh 604.	8. Million a.
	51-REV. 1/1/65 N/85 61 9 6 6 0 0 0 0 0 0 0	#24



BAL	TIMORE	CITY	HEALTH	DEPAR	TMENT

BIRTH NO. M.E. CASE NO. 66 00556	CERTIFICA	TE OF DEATH	Registered Nd	00556
1. NAME OF DECEASED (Type or Print) Barnes, Paul		1	- 17 - 66	14:30 AIN
FULL NAME OF (If not in hospital or institute HOSPITAL OR oddress or location)	ion, give street	A. STATE B. COUNT		AL and give township)
R		Battimore	0	g. to tay
DON SECOURS HOSPI 5. SEX 6. RACE 7. MARR WIDO	HED, NEVER MARRIED DWED, DIXORCED (specify)	B. DATE OF BIRTH	ost birthdoy o	f Under 1 Yr. If Under 24 Hrs Norths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B. KINE done during most of working life, even it regired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE Stole or foreign	gn country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	AE	4.077
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	14 - 6	ADDRESS
DISEASE OR CONDITION DIRECTLY	CAUSE OF	DEATH /		INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meon the mode of dying, heart failure, osthenio, etc. Il means the dise injury or complication which coused death.)		Ocute myoca	adial wifan	1 day
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, given to the above couse (A) stoting		SCTD		Miller Browns
UNDERLYING CONDITION last.	the (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION F	THE	20 A. AUTOPSY? (Yes or No	208 IE VEC WEDE EIN	DINGS CONSIDERED
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	787	IN CERTIFYING CAUSE	ity, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour)	home, form, foctory, street, off etc.) 21 E. INJURY OCCURRED	21F. HOW DID INJU		
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Not While At Work		JKT OCCUR:	
22. I certify that (1) (this hospital) attend that (1) (we) last saw the deceased alive	on	19 6 and the	· ·	n death accurred an the dat
ond haur and from the causes stated abov 23A. SIGNATURE Samuel C. Chie	e. (1) (We) (did) (did not) vi	ding Med.	Stoff Phys.	B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) SAMUEL C	440 M.D.	Bon Secous	· Horpital	Balfinere Md
Buriol 1-2066	At Cahous Con	1	Swooklen	town, or county) Me (State)
JAN 18 1966 P. A.	L. Talley MA	25C. PONERAL DIRECTOR	Jelson 10	20 Beautos



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A fracture of any

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kind; (4) Undetermined cause; (5) Deceased

if the direct or contributing cause

of death

a hospital

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occurred

or his assistant if death

be approved by the chief medical examiner

the body was released to the hospital by a medical shows: (1) An accident of any nature; (2) Body burns;

certificate must

			HEALTH DEPARTMENT				
TH NO.	$= 66 \cdot 00.$	OD7 CERTIFICA	TE OF DEATH Registered No.	6 00557			
E. CASE NO.		CERTIFICA	TE OF DEATH				
pe or Print)	George Sty	71	January 12, 196	66 5:00 A.M.			
PLACE OF DEATH IN	BALTIMORE, MARYLA	AND	4. USUAL RESIDENCE (Where deceased lived, If ins A. STATE B. COUNTY				
HOSPITAL OR	lf not in hospitat ar in oddress or locotion)	stitution, give street	Maryland C. CITY OR YOWN (If outside city limits, write RI	URAL and give township)			
Provident Hospital			Baltimore				
	Baltimore,	sion Street Maryland	D. STREET ADDRESS (If rurol, give lacotion)	moundar			
EX 6. RAC			B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.			
Male Ne	gro	WIDOWED, DIVORCED (specify)	60?	Manths Days Hours Min.			
. USUAL OCCUPATION of during most of working I		KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Unknown	12. CITIZEN OF WHAT COUNTRY?			
FATHER'S NAME	hours		14. MOTHER'S MAIDEN NAME				
Was Deceased Ever in s, no or unknawn) (If yes,	U. S. Armed Farces?	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
DISEASE OR	ONDITION DIRECT	CAUSE OF	F DEATH	INTERVAL BETWEEN ONSET AND DEATH			

1 S. (Ye ETWEEN DEATH LEADING TO DEATH Cerebral Hemorrhage (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) H. C. V. D. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving

The abave cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED

CERTIFICATION DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?

	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, form, factory, street, affice bldg, etc.)	
7 .	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While At Work At Work	21F. HOW DID INJURY OCCUR?

January 19 66 22. I certify that (I) (this hospital) attended the deceased from January 66 January 12, 66 that (I) (we) lost sow the deceased alive on. and that in (my) (our) opinion death accurred on the date

Stoff Phys. X	January .	12,	1966
	hys. X	Phys. x January	January 12,

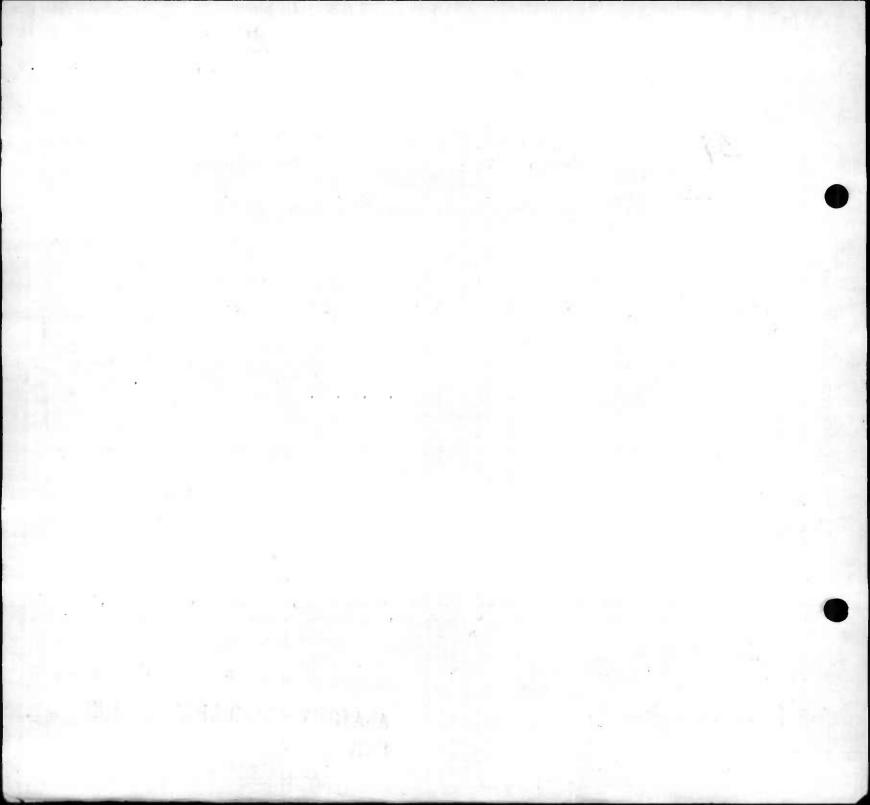
Andre Rigaud 24C. NAME of CEMETERY OF C

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 1966

125E NAME OF REGISTRAR

ADDRESS

VS 150-REV. 1/1/65



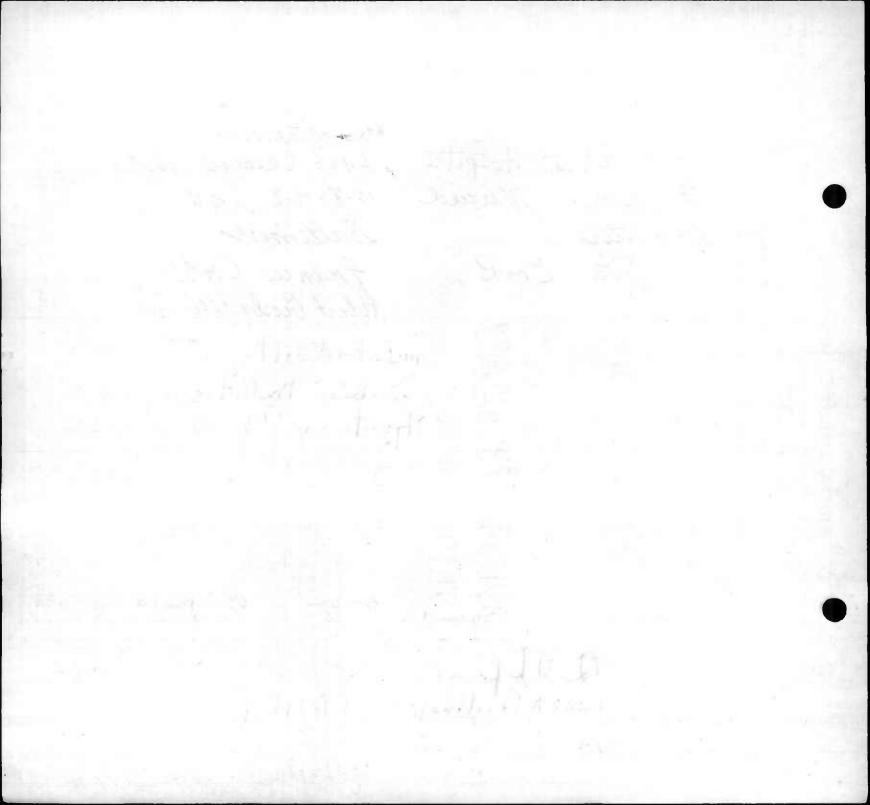
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner.

BALTIMORE CITY HEALTH DEPARTMENT

	TH NO.	66 00558	CERTIFICA	TE OF DEATH	Registered Na.	00000
1,1	E. CASE NO. NAME OF DECEASE pe or Print)	m. 7/	P	2. DATE AND	HOUR OF DEATH	11
		IN BALTIMORE MARYLAN	Crosby.	4. USUAL RESIDENCE (Where	uary 15-6	6 2 P M.
3.	PLACE OF DEATH	IN BALIMORE, MARILAN	10 /	A. STATE B. COUNT	Y I I I I I I I I I I I I I I I I I I I	fullan: residence before admission)
11 :	FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or inst address or location)	titution, give street	C. CITY OR TOWN (If outs	ide city limits, write RU	RAL ond give low(ship)
10				Dallemo	w	
1/	Ho	vident	Hospital	2406 Cal	low (VE
5.	SEX G. R		ARRIED, NEVER MARRIED IDONED, DIVORCED (specify)			If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
	USUAL OCCUPAT		SIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
dor	X)-	7		Raltimos	141	Wild Gooding.
13.	FATHER'S NAME	nco		14. MOTHER'S MAIDEN NAM	IE .	
	7	NE 6	N	The second	Call	
15.	Was Deceased Ever	in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	COOK.	ADDRESS
(Ye	s, no or unknowed (If	es, give wor or dotes of s	ervice) SECURITY NO.	10 10 1	1 - (1/ K	nn) are
	4			rovert crose	y 2406 (ellow were
	18.260	XI	CAUSE O	F DEATH	0	ONSET AND DEATH
	LEA	R CONDITION DIRECTL DING TO DEATH	who !	hterstito(N	ephritis	1963
		nean the made of dying enia, etc. It means the d			0	
	injuly ar camplica	tian which caused death		abotan Mal	Ctue	1963
	ANTE	CEDENT CAUSES	DUE TO			
		CONDITIONS, if any, bave cause (A) statir		staring (V. 6	1663
	UNDERLYING CO		ig life (C)	251200111		
		11		ſ		
ATION	TO THE DEATH	NT CONDITIONS CONTR H BUT NOT RELATED DITION CAUSING IT.		Jacondan	Anemic	1964
ERTIFIC	19A. DATE OF OPE	RATION 198. CONDITION	N FOR WHICH OPERATION ED	20 A. AUTOPSY? (Yes of No)	208. IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?
AL C	OR CONTRIBUTION		218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.1	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exoct locotion)
100	21D. TIME (Mo	nth) (Doyl (Year) (Hou	ul 21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
MEDI	OF INJURY (APPROXI		While At Not While			
		(1) (1) 1 1 1	Work At Work		12 0	13
			ended the deceased fram	11	63 10 Du	1966,
	that (I) (we) last	saw the deceased ali	ve an Jau 15	19 <i>66</i> and tha	t In(my) (ault) apinio	on death accurred an the date
		m the causes stated al	pave. (I) (We) (did) (did nat)	riew the bady after death.		
	23A. SIGN AT URE	3	M.D. Att.	ending Med. S	itoff Phys.	38. DATE SIGNED
	23 C. PHYSICIAN'S			23D. ADDRESS		11.1100
	NAME (Typel	1228h.	Carolino Str.o.	T.D. FR.	Ler	
24	A. BURIAL CREMATI	ON, 24B, DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LO		town, or county) (State)
	REMOVAL (Specif	1-19-10/0	An Ynition 1	Tomarial Ro	rd ROOK	in Md.
25	munu		wi views ///	erround w	VIL DUCCIO	0 1/00

The 9 VS 150-REV. 1/1/65

mer Sanders 2176 Preston St



		00	005	SQ BALTIMORE CITY	HEALTH DEPARTMEN	NT /	66 00559
	H NO.	(38)	1 1 1	CERTIFICA	TE OF DEAT	H Registered Na	
1, N	AME OF DEC				2. DA	TE AND HOUR OF DEATH	
, ,				DWARD FREY		JANUARY 16	
	ULL NAME O	TH IN BALTIMORE, MAI			4. USUAL RESIDENCE A. STATE B.	TWhere deceased lived. If COUNTY HOWARD	institution: residence before admission)
1	AO LATIGZOL	address as lacation	1	n, give street		an de contra della	RURAL and give township)
(ST. AGN	ES HOSPITAL			BALTIMOR	_	123-00
V	VILKEN	& CATON AVI	NUE		D. STREET ADDRESS	(If rural, give location)	
E		RE. MARYLAN			206 N RC	GERS AVENUE	
5. S		6. RACE		D, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	1 K H-1- 1 V K H-1 24 H-
	MALE	WHITE	WI	DOWED (specify)	9-22-84	last birthday	Months Doys Hours Min.
		JPATION (Give kind of work vorking life, even if refired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State	ar lareign country)	12. CITIZEN OF WHAT COUNTRY?
	RETIR				MARYLAND		USA
13.	FATHER'S NAM				14. MOTHER'S MAIDE	N NAME	
	HENRY	FREY			MICHA F	RIDGELY	
15. Yes	Was Deceased , no or unknown	Ever in U. S. Armed Fore	es? of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO			213-09-6257	ST. AGNES	HOSPITAL RE	CORDS
	18. // /	s . / I		CAUSE OI		11001 11712 112	INTERVAL BETWEEN
	DISEAS	E OR CONDITION DIR	ECTLY	1	2/2		ONSET AND DEATH
		LEADING TO DEATH	-0121	(A) AL	ule Ma	ncaide	aid .
		of meon the mode of		g., DUE TO	1/1		***************************************
		asthenio, etc. It meons plication which coused		se,	TAICE	m C	
		ANTECEDENT CAUSES		18)	1	mis ed	7
	DISEASES O	R CONDITIONS, if	nv aivii	DUE TO	nenn	my rece	enera.
	rise to the	obove couse (A)					
	UNDERLYING	CONDITION last.					
ATION	TO THE D	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO				
CA	19A. DATE OF			R WHICH OPERATION	20A. AUTOPSY? IYes	or No. 208. IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	6	WAS PERF			NO	IN CERTIFYING C	AUSES OF DEATH?
AL C	OR CONTRIBU	TING CAUSE OF medical examiner)	h	TB. PLACE OF INJURY le.g., in name, larm, lactory, street, af etc.)	fice bldg., INJURY OCC	DID (II in Soltimo U R?	are City, give exact location)
EDIC	21 D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 2	IE INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	F
ME	(APPROX.)			While At Not While			
	22 1(.l . WW.l - l - t- l		the deceased from	1-15	10 66	1 16 66
	2.0					19 .66 ta	1 - 10 19 00
		last saw the decease					olnian death accurred an the date
			ed abave.	XX(We) (did) (dXXXX) ∨	iew the bady after d	eath.	
	23A. SIGNATO		-1/				23B. DATE SIGNED
	Sec	uane.	4	M.D. Atte	nding Med. Director	Stolf Phys.	1/10/06
	23C. PHYSICIA	N'S		[23D. ADORES	14	
	RAF			M.D.	VI gon	es Hour	
24A	BURIAL CREA	MATION, 24B, DATE	24C.	NAME of CEMETERY OF CRE	MATORY	24D. LOCATION	City, town, or county) (State)
	Burial	1-20-19		St. John		Ellicott Ci	
25A	IAN 1 9	1966 P. P.	44	OF REGISTRAR	F.C. Higin	ector bothom, Ellicot	address t City, Md
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			4 /	Total Total	W == "	A. A.	

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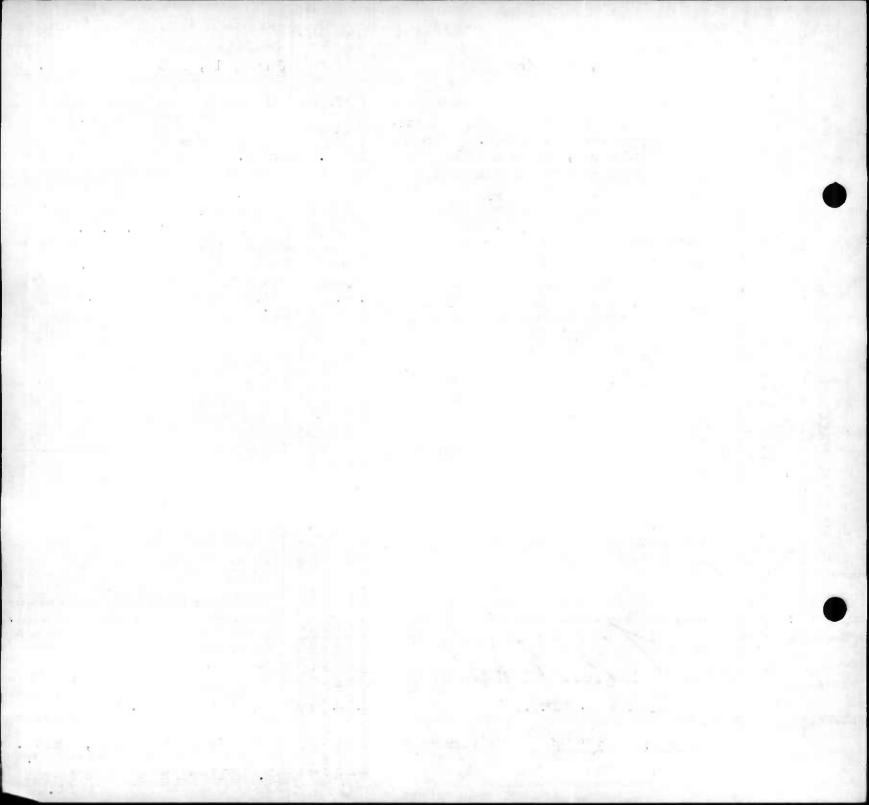
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FUNERAL DIRECTOR: IMPORTANT

Experience of the statement of the state		00 00	1560	BALTIMORE CITY	HEALTH DEPARTMENT		
Comparison Com			1000	CERTIFICA	TE OF DEATH	Registered No.	- CS - () () 5CO
FULL NAME OF MATERIAL CONTROL OF CARREST CONTROL OF	I. NAME OF	DECEASEO	erick (N	MT)			
Baltimore Meryland 21218 Baltimore Meryland 21218	FULL NAA	DEATH IN BALTIMORE, MA E OF (If not in hospitol	RYLAND or institution,		Maryland B	altimore	26-08
SEX	HOSPITAL	Veterans Admi 3900 Loch Rav	nistrat en Blvd	•	Baltimore O. STREET ADDRESS	(If rural, give location)	RURAL and give township)
Male Caucasian Minternal Caucasian Martield Mart	1	Baltimore, Ma	ryland	21218	200 S. Baton	St.	
Maryland	Male	Caucasian	Marri	ed.	11/29/1900	10st birthday)	If Under 1 Yr. If Under 24 Hrs Manths Ooys Haurs Min.
John Gunther Kathryn Armond Kathryn Armond Kathryn Armond Kathryn Armond Kathryn Armond John Gunther John Gunther Kathryn Armond John Gunther Kathryn Armond John Gunther John Gunther John Gunther John Gunther Kathryn Armond John Gunther John Gunther John Gunther John Gunther Kathryn Armond John Gunther John G	one during mo	t of working life, even if retired)				oreign country)	12. CITIZEN OF WHAT COUNTRY?
The state of the s							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, cashenia, etc. It means the disease, injury or complication which caused desises, injury or complication which caused desises, injury or complication which caused desises, injury or complication which caused does not be disease, injury or complication which caused does not be disease, injury or complication which caused does not be disease, injury or complication which caused does not be disease, injury or complication which caused does not be disease, injury or complication with caused does not be disease, injury or complication with caused does not be disease, injury or complication of the does not be disease, injury or complication of the does not be disease or contained or cause of the disease of the desistance of the		sed Ever in U. S. Armed For own) (If yes, give wor or dole 10/9/42 to 3	cos? s of service) 5/26/43	SECURITY NO.	V. A. Hospita Baltimore, Md	rds 1,3900 Loch R • 21218	
Carcinoma of lung 5 years	10	3X !		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
haori foilure, ashkania, etc. It means the disease, injury or complication which caused death.] ANTECEDENT CAUSES OUE TO DISEASES OR CONDITIONS, if any, giving it is to the doare cause (A) stoting the UNDERLING CONDITION (ast.) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION NO 19B. CONDITION FOR WHICH OPERATION OR CONTRIBUTING CAUSES OF GEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, form, foctory, street effice bidg., INJURY OCCUR? OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At North At Work 19B. CONDITION detended the deceased from DECEMBET 27 19 65 to January 16 19 that (B) (we) lost say the deceased alive on JATUARY 16 19 and hour and the the couses stoted above. (A) (We) (did) (did not) view the body ofter death. 21A. BURNAL CREMATION, 22B. DATE SIGNED 12 24C.NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (SP. Physical 22D. Address Prederick Road, Baltimore National Cemetery Frederick Road, Baltimore National Cemet	DI		RECTLY	(A) Carc	inoma of lung		5 vears
DISEASES OR CONDITIONS, if any, giving rise in the obove cause (A) stating the UNDERLYING CONDITION fost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION NO NO PERFORMED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION NO NO PERFORMED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION NO NO PERFORMED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION NO NO PERFORMED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION NO NO PERFORMED 19A. ACCIDENT WAS UNDERLYING 100 PERFORMED 21B. PLACE OF INJURY (e.g., in or obout 21C.C, WHERE DIO No PERFORMED 100 PERFORMED	heart fail	ire, asthenia, etc. 11 means	the disease,		00 000 Hz = 0.0 (0.00 (0.00 0.00 0.00 0.00 0.00 0		
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19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED No 19 19 19 19 19 19 19 1	rise la	the above cause (A)	any, giving staling the	(C)	OMMONTO 668 OF THE STREET, STR	0 8 4 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DIO OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DIO home, form, foctory, street, office bldg., linjury occur? 21D. Time (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED OF INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 22C. I certify that (1) (this hospital) attended the deceosed from December 27 19 65 to January 16 19 that (No.) (We) lost saw the deceosed olive on January 16 19 ond that in (My) (our) opinion death occurred on the side of	OTHER S TO TH OISEASE	DEATH BUT NOT RELA	TEO TO TH	G E			
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OF INJURY (APPROX.) While At Work Work Work While At Work 22. I certify that (1) (this hospital) attended the deceosed from December 27 19 65 to January 16 19 that (1) (we) lost saw the deceosed alive on January 16 19 66 and that in (MY) (our) opinion death occurred on the mid-hour ond from the couses stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE AM.D. Attending Med. Stoff Oricetor Phys. January 17, 19 23C. PHYSICIAN'S NAME (Type) FREDERIC ASKINSM.D. A. Hospital, Baltimore, Md. 21218 24A. BURIAL CREMATION, 24B. DATE 1/20/66 Burial Baltimore National Cemetery Frederick Road, Baltimore Baltimore National Cemetery Frederick Road, Baltimore National Cemetery Frederick Road Properties Road Pro	DEATH (RIBUTING CAUSE OF	hom etc.)	e, form, foctory, street, af	fice bldg., INJURY OCCUR?	lit in Boltimore	e City, give exoct locohon)
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Burial XXXXX Baltimore National Cemetery Frederick Road, Bal	24A. BURIAL REMOV	CREMATION, 248. DATE		ME of CEMETERY of CRE	MATORY 24D.	LOCATION (C	ity, town, ar county) (State)
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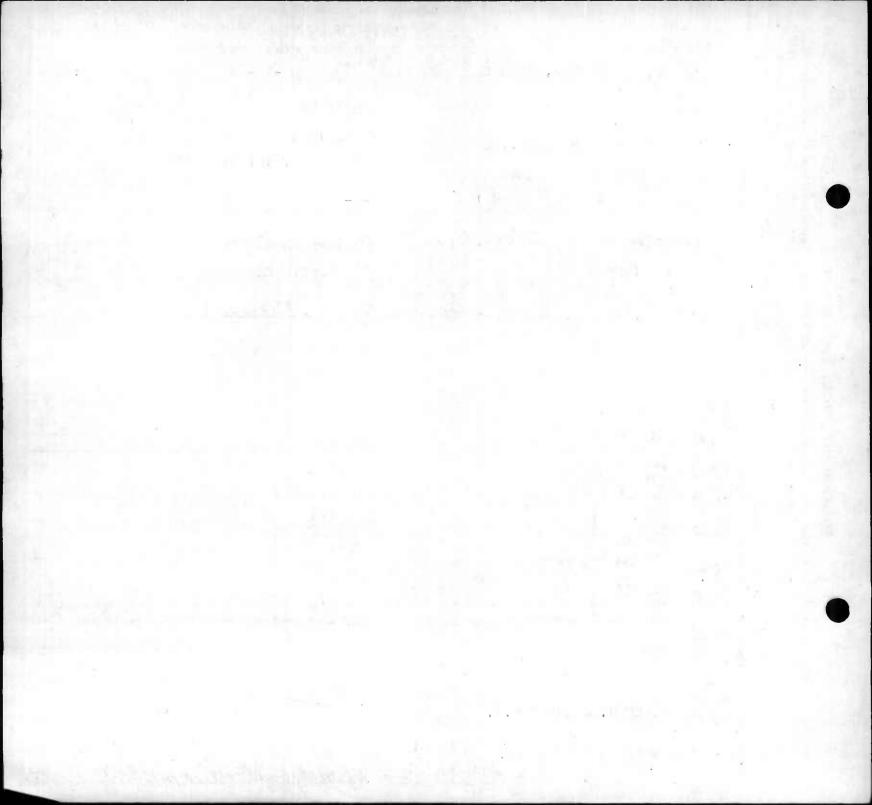


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	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	COL	al (except where the physician who pronounced death was in regular attendance on the	h); and (6) No physician was in regular attendance on the deceased prior to death. Such	j
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	Je l	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospit	leceased prior to deat	written grannount must be abtained before the remains are embalmed or final disnocition is made
F	-	V	3	T	3

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BALTIMORE CITY HEALTH DEPARTMENT 66 00561 Registered No BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type at Print) 1-15-66
3:10 AMM
4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) THOMAS JOHN B. COUNTY A. STATE MARYLA ND FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If autside city limits, write BALTIMORE
D. STREET ADDRESS THE JOHNS HOPKINS HOSPITAL (If rural, give location) 21 05 EAST OLIVER STREET S. SEX 9. AGE (In years If Under 1 Yr. Manths: Days 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) last birthday) MARRIED 63 7-9-02 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) ATHERS MAIDEN NAM Steel 13. FATHERS NAME COUNCIL XXX Cona Lee JAMES THOMAS 15. Was Deceased Ever in U. S. Armed Farces? 17. INFORMANT 6. SOCIAL (Yes, no ar unknown) (If yes, give wor or dates of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY SUB ATTACH NOTO LEADING TO DEATH (This does not mean the mode al dying, e.g., heart lailure, asthenia, etc. Il means the disease, injury or complication which caused death.) YPERTENSION ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Baltimare City, give exact location) DEATH (notify medical examiner) etc.) MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (1) (this hospital) oftended the deceased from 1966 60 19 and that in (my) (our) opinion death occurred on the date that (1) (we) last sow the deceased alive on. and hour ond from the causes stoted abave (1) (We) (did) (did nat) view the body ofter deoth. 23A. SIGNATURE 23 B. DATE SIGNED E Attending [Med. Director Stoff Phys. M.D. approval 23D. ADDRESS 23 C. PHYSICIAN'S NAME (Type) ALEN D. JON 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) THE JOHNS HOPKINS HOAPUTAL JOHNSON 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION ritten 25A. DATE REC'D VS 150-REV. 1/1/65



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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered	No.	G	G	an	1	6
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M.E. CASE NO.				
(Type or Print)	SAUNDERS,	James	Lewis	

(Stote)

Type or Print)		UNDERS, James Lewis	2. DATE	1/13/66	9:30 A
FULL NAME OF HOSPITAL OR INSTITUTION FULL NAME OF HOSPITAL OR INSTITUTION BALTIMORE CITY HOSPITALS 4940 Eastern Avenue Baltimore, Maryland 21224		A. STATE B. CO MARYLAND C. CITY OR TOWN (IF BALT IMORE D. STREET ADDRESS	UNTY	institution: residence before admission) RURAL and give township)	
MALE 6.	NEGRO	7. MARRIED, NEVER MARRIED WIDOWED, DIYORCED (specify) MARTIED	8. DATE OF BIRTH 7/9/11	9. AGE (In years last birthday)	If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min.
IOA, USUAL OCCUP.		ork 10B. KIND OF BUSINESS OR INDUS	VIRGINIA	oreign country)	12. CITIZEN OF WHAT COUNTRY?

	Landslane Man Steam Skip C 13. FATHER'S NAME	VIRGINIA	WHAT CC
l	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Phanles Saundens	7/11/	

15. Wos Deceosed Ever in U. S. Armed Forces?
(Yes, no or unknown) (III yes, give wor or dotes of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. RECORDS: BCH 4940 Eastern Ave -21205 218-18-3637 CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, la the above couse (A) stating the UNDERLYING CONDITION lost

	other significant conditions Contributing to the Death but not related to the Disease or condition causing it.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDE IN CERTIFYING CAUSES OF DEATH?	RED
1	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact lot	cotion)

CERTIFICATION OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examiner) etc. 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR?

Not While While At (APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceased fram

that (I) (we) lost saw the deceased alive on ond that in (my) (our) opinion death occurred on the date

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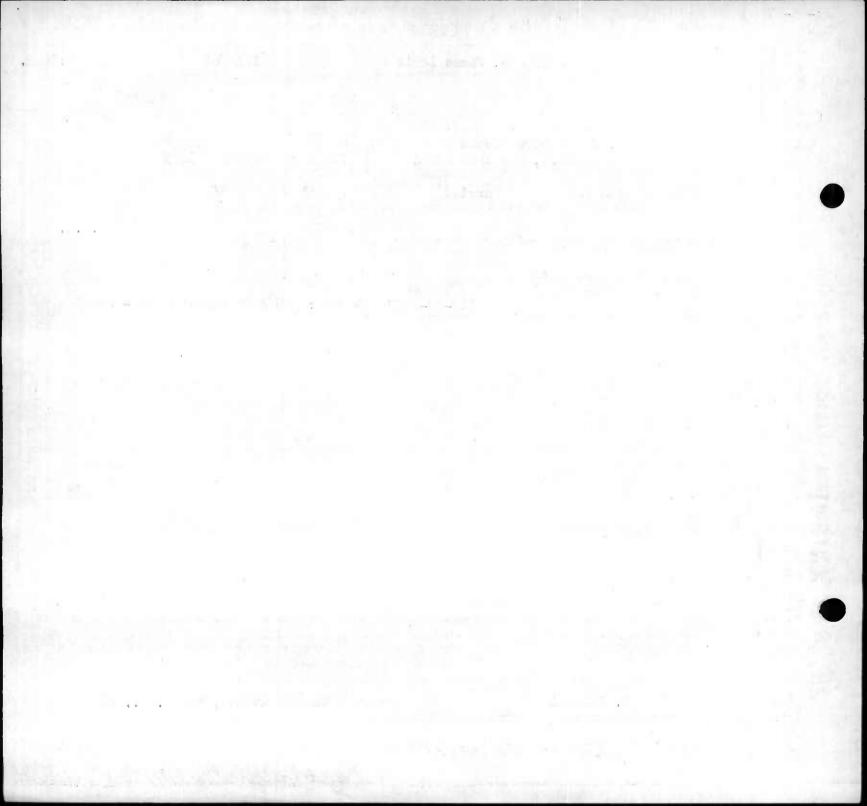
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	1/5/10 m	M.D. Attending Phys.	Med. Stolf Phys.	1-12-66
23C.PHYSICIAN'S	,	23D. ADDRESS	S	

	٧.	Felitti	M.D.	4940	Eastern	Avenue,	Balto.	Md.	212	2
AA.	BUDIAL CREMATION	24R DATE	24C NAME OF CEMPTERY OF CRI	FAAATORY	24	D. LOCATION	(City	town	or county	1

	BUNIA!	1-16-6	6 Antus	us Memoria	WPank	Antaxus.	11)24	NIZNO
ı	2SA. DATE REC'D BY HEAL	TH OFFT.	258 MAME OF REG	STRAR	25CATUNERAL DE	RECTOR		ADDRESS
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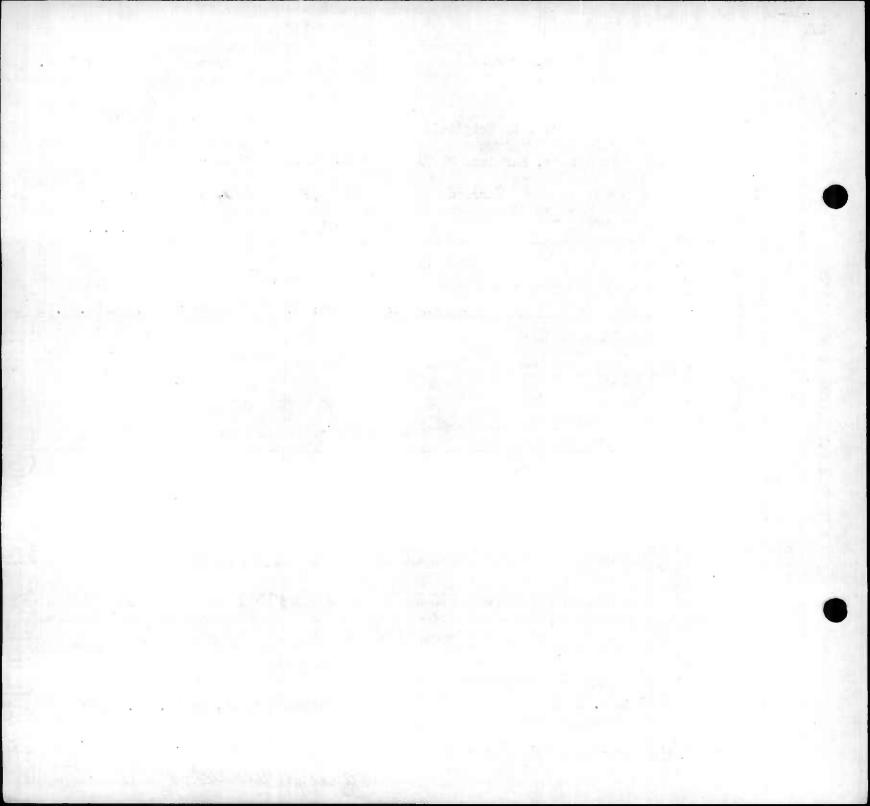
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IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/65

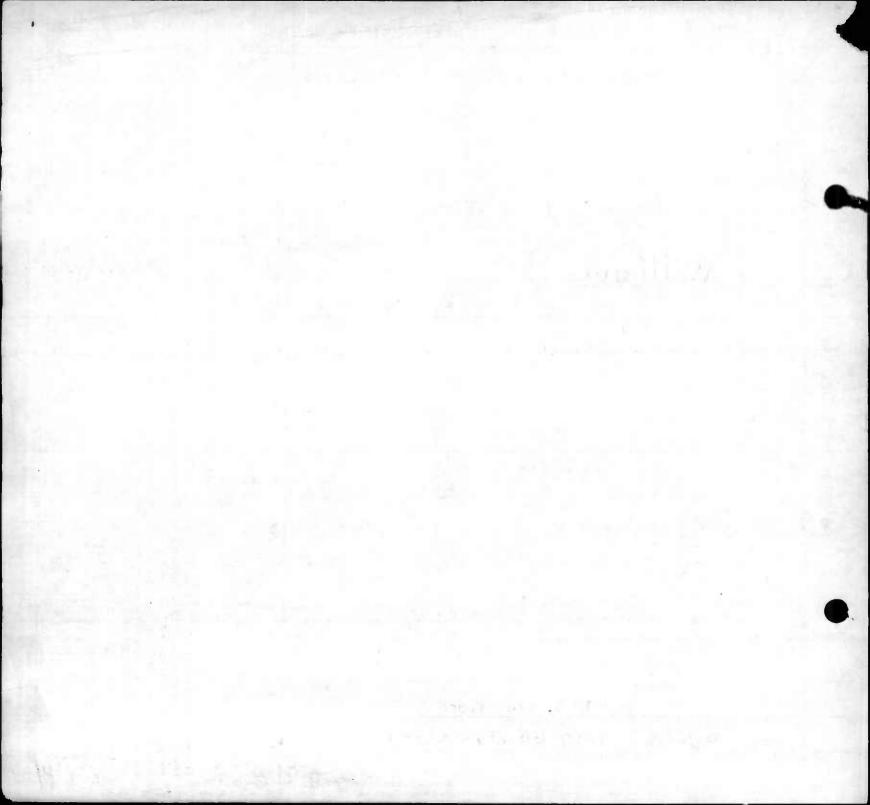
4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (If outside city limits, write RURAL and give If Under 24 His. If Under 1 Yı. Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY? RECORDS: BCH 4940 Eastern Ave. Balto.Md.21224 INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ...ond that in (my) (eur) apinion death accurred on the date 23 R DATE SIGNED CHEN TIVE



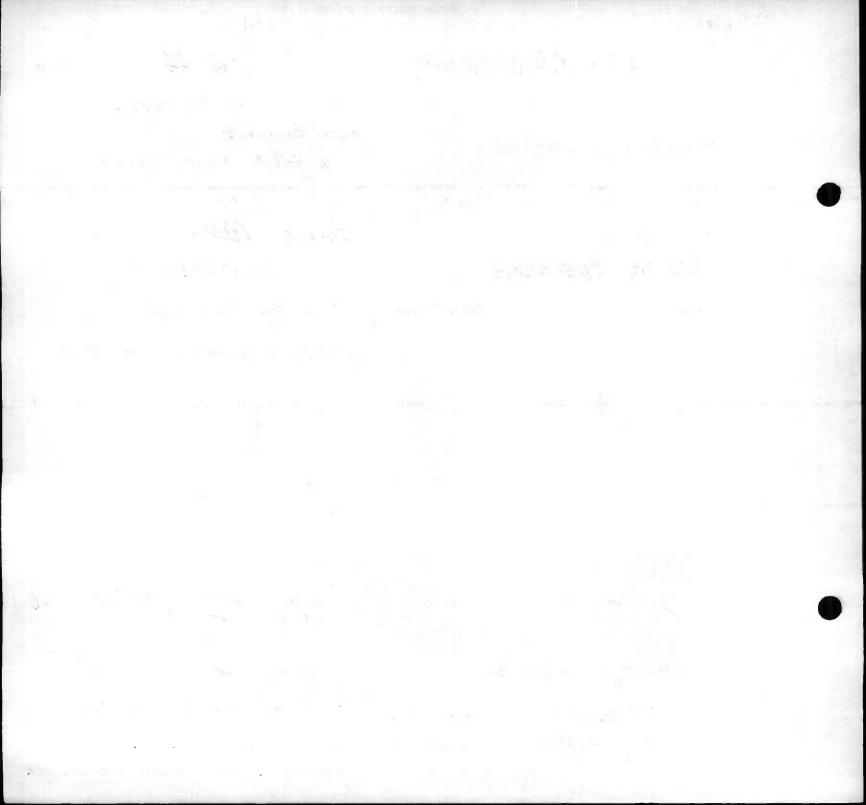
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			TY HEALTH DEPARTMENT	101	00504			
		H NO. 66 00564 CERTIFIC	ATE OF DEATH	Registered No. 66	10004			
	1. N	E CASE NO. AME OF DECEASED ye or Print)	2. DATE AN	D HOUR OF DEATH	10-			
	.,,,	PLACE OF DEATH IN BALTIMORE MARYLAND	Jan	13, 1966	tion: residence before admission)			
	3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COUN	e deceosed lived. If institu TY	tion: residence before admission)			
		FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) NSTITUTION	C. CITY OR TOWN OF OUR		L ond give lownship)			
5	8	University Hospital	D. STREET ADDRESS (III		5t.			
made.	5. \$		B. DATE OF BIRTH	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under last highland) Months: Days Hours				
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		. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST e during most of working life, even if retired)	RY 11. BIRTHPLACE (Stole or forei	gn country) 12	CITIZEN OF WHAT COUNTRY?			
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isposit	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAM	ME				
Sp	1	William	Pachel 17. INFORMANT	P W	natedile			
ם -	15.	Wos Deceosed Ever in U. S. Armed Forces? in no or unknown) (Ilf yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT		ADDRESS			
tinal	(21 8-01 47	98 500					
01	-	CAUSE	OF DEATH		INTERVAL BETWEEN			
		DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH			
ned		LEADING TO DEATH	romehogenie (Escinoma	2 weeks (Nnown			
Palm		(This does not meon the mode of dying, e.g., DUETO heart foilure, asthenia, etc. If means the disease,	,					
E E		injuly of complication which coused death.)						
E O		ANTECEDENT CAUSES (8)	iki inininininininininininininininininin					
are		DISEASES OR CONDITIONS, if any, giving use for the obove couse (A) stating the (C)						
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remains	101	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	ic Renal	failure				
the	CA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIND	INGS CONSIDERED			
+	RTIF	WAS PERFORMED	Ves	IN CERTIFYING CAUSES	OF DEATH?			
before	CE.	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR?		y, give exact location)			
	CAL	DEATH (notify medical examiner) etc.)						
ained	\EDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJ	URY OCCUR?				
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<u>ā</u>		22. I certify that (1) (this hospital) attended the deceased from	Jan 11	1966 to 14.	12 1966.			
0 90		that (1) (we) last sow the deceased alive on Jan 13			deoth occurred on the date			
		and hour and from the couses stated above. (I) (We) (did) (did not						
must		23A. SIGNATURE		238	L DATE SIGNED			
		Horneld C. Standel M.D.	Attending Med. Phys. Director	Stoff Phys.	1/13/16			
approvai		23C. PHYSICIAN'S NAME (Type)	23 D. ADDRESS		1 100			
Pr		Harold C. Standiford M.	D.					
0	24A	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF	CREMATORY 24D. LC	OCATION (City, to	own, or county) (State)			
	P	Buria) 1-17-66 Mt. Calve	ry	1-	No.			
Written	_	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR .	25C. FUNERAL DIRECTOR	my mil	ADDRESS W			
\$		JAN 18 1966 R.C. & F. P. M.	Jones 6 6	- V . WOOT	Carrollton An			

25C. FUNERAL DIRECTOR



BALTIMORE CITY HEALTH DEPARTMENT						
M.E. CASE NO.	TE OF DEATH Registered No. 66 01565					
TYPE OF PRINT DA R. CHATHAM	2. DATE AND HOUR OF DEATH 6:20 A M.					
	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY					
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or lacation) INSTITUTION	MD. ANNE ITRUNDEC C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
22 1 1 1 2 2 1 1 2	D. STREET ADDRESS (If rurol, give location)					
THE DELLO STATE 130S P.	BOX 159-A, NABBS (REEK					
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED MARRIED MARRIED MIDOWED, DIVORCED (specify)	7-13-05 9. AGE (In years left under 1 Yr. Months: Days Hours Min.					
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HOUSEWIFE	BALTO. MD. US.					
OSCAR ROFLEXKE	4. MOTHER'S MAIDEN NAME					
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	7. INFORMANT ADDRESS					
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	HOSPITAL RECORDS					
1B. S S CAUSE OF						
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22. I certify that (+) (this haspital) attended the deceased from	10-0 1965 00 1- 15 1966					
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ond hour and from the couses stated above. (1) (We) (did) (did nat) via						
23A. SIGNATURE	23B, DATE SIGNED					
23C. PHYSICIAN'S 23C. PHYSICIAN'S	ding Med. Stoff Phys. P 1-15-65					
NAME (Type)	MONTEBELLO STATE HOSPITAL, BALTO. MO					
Firving L. Cooperstein M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREATERY OF CRE						
Burial 1/19/66 Baltimore Nati	ional Baltimore, Md.					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS					
JAN 18 1966 P. O. 1 19 Fa. C. M. D. O. VS 150-REV. 1/1/65	Raymond C. Fink Glen Burnie, Md.					



BALTIMORE CITY HEALTH DEPARTMENT 66 00566 Registered Na._ BIRTH NO. CERTIFICATE OF DEATH pital and of death Deceased Such on the M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) August J. Beitzel January 14,1966 hospital death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) ance B. COUNTY (5) Maryland COUSE FULL NAME OF (If not in hospital or instilution, give street oddress or location) C. CITY OR TOWN (If autside city limits, write RURAL and give township canse; attend INSTITUTION 0 0 Baltimore prior contributing D. STREET ADDRESS (If rural, give location) 441 25th Street occurred East (4) Undetermined made. 441 East 25th Street regular 6. RACE 7. MARRIED. NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9, AGE (In years eceased WIDOWED, DIVORCED (specify) lost birthdoy White Male Married April 4, 1900 65 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Slote or foreign cauntry) death disposition dane during mast of working life, even if retired) = Truck Driver (Ret'd) Jarman Motors Baltimore, Maryland O Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct Henry Beitzel Emma N. Bean assistant death U O 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT or final the (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. ance 213-09-4704 No Beatrice Beitzel 441 East 25th Street (180) any pronounced CAUSE OF DEATH attend his DISEASE OR CONDITION DIRECTLY Also, balmed of LEADING TO DEATH Acute myocardial infarction (This does not mean the made of dying, e.g., Arteriosclerotic cardiohearl failure, asthenia, etc. It means the disease, the chief medical examiner examiner. fracti regula injury ar camplication which caused death.) em vascular disease ANTECEDENT CAUSES who old myocardial infarction are 4 DISEASES OR CONDITIONS, if any, giving (3) rise to the above couse (A) stating the = physician UNDERLYING CONDITION last remains medical MOS burns; OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. No physician Body before the 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) the 208. IF YES, WERE FINDINGS CONSIDERED 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No to the hospital by 3 O 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? where OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) nature; obtained MEDI 21 D. TIME 9 (Month) (Doy) (Year) (Haur) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY approved Not While (except While At (APPROX.) At Wark Work and any 22. I certify that (1) (this-hespitel) attended the deceased from January 7, .. 66 that (1) (we) last saw the deceased alive an... 19 be of eath) 0 and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. body was released hospite must accident 23A. SIGNATURE ŏ Attending X M.D. Med. Stoff 10 Phys. L approval Phys. Director ___ 0 prior 23C. PHYSICIAN'S 23D. ADDRESS certificate to NAME (Type) An Saylor Lloyd M.D 4 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION ceased o REMOVAL (Specify) ritten shows: 0 Jan. 18,66 Burial Loudon Park Cemetery Baltimore SD the

(If in Boltimore City, give exact lacation) November 4, 1965 to January 14. 19 66 and that in(my) (***) apinian death accurred on the date 23B. DATE SIGNED 1/15/66 3902 Greenmount Avenue (City, town, or caunty) (Stote) Maryland 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Wm. Cook-Brooks, Inc. 1217 St. Paul St. VS 150-REV. 1/1/65

6:00 P.

If Under 24 Hrs. Haurs Min.

If Under 1 Yr. If Und Manths: Doys Haurs

WHAT COUNTRY?

U.S.A.

ADDRESS

10 min.

10 yrs.

INTERVAL BETWEEN

ONSET AND DEATH

12. CITIZEN OF

33 37 1 547 1 . 2.1 A CONTRACT NOTES OF STREET 8 V .

RAITIMORE CITY HEALTH DEPARTME	NIT

BIR	TH NO.	6 005 MED	ICAL EX	BALTIMORE CITY HEAL (AMINER'S CI	TH DEPARTMEN	TE OF D	EATH Registe	66 red No	00567
1.	E. CASE NO. NAME OF DEC pe or Print)			MOORE		2. DATE AND	HOUR PRONOUNCE	ED DEAD	1:00 P
	PLACE IN BALT	TIMORE, MARYLAND, W			A. STATE Ma	ence (Where d	eceosed lived. If insti B. COU	itution: resider	nce before odmissio
HC	STITUTION	in Square Ho	ATION)	olion, Give sikeei		ltimore	corporate limits, write	RURAL ond	give township)
10			1		11		1timore St	reet	
	Female	White	WIDOWED, Neve	NEVER MARRIED DIVORCED(specify) r Married	July 29	,1896	9. AGE (In years lost birthday) 69		Yr. If Under 24 Hr oys Hours Min.
don	Self Er	working life, even if retired)	k TOB. KIND O	F BUSINESS OR INDUSTRY	Ма	ryland	country)		OF COUNTRY? S.A.
13.	FATHER'S NAN				14. MOTHER'S M				
15	WAS DECEASE	(Unknown)	Moore	16. SOCIAL	17. INFORMANT	Unknown	1	ADDRESS	
		(If yes, give wor or dot		SECURITY NO. 218-28-4523		e E. Mer	rick 130		altimore S
ERTIFICATION	DISEASES RISE TO TH UN DERLYII OTHER SIG TO THE	ANTECENDENT CAUS OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAST, II NIFICANT CONDITIONS DEATH BUT NOT RE	CONTRIBUTION						
CERTI	19A. DATE OF			WHICH OPERATION		11	OB. IF YES, WERE FIN		
EDICAL	UNDERLYING DEAL	L CAUSE WAS OR CONTRIB- ISE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., e., form, foctory, street, o	in or obout 21C. Notifice bldg., INJUR	WHERE DID (in Boltimore City, gi	ve exact loca	otion)
Σ	21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yea		WHILE AT NOT WORK AT W	WHILE	OW DID INJU	Y O C C U R?		
	ACTUA SIGNAT EXAMIN	URE IER'S	all I	Accident Suicid	e Homici	EDICAL EXA	MINER X		DATE SIGNED 1/16/66
	NAME (A. BURIAL CRE MOVAL (Specification) Buria	MATION, 23B. DATE	23	C. NAME of CEMETERY of Loudon Park			cation (City,	town, or cou	(Stote)
24/	A. DATE REC'D	18 1966 (C	24B, NAME	OF REGISTRAR	24C. FUNER	ok-Brook		AD	DRESS Paul St
VS	151-REV. 1/1/	65	9) 0 0	0 5	00			

Callungaria. Nila piloto a area in Albanjayor a in Calles de 1971 PLES S. J. J. E. S. L. S

the body was released to the haspital by a medical examiner. Also, if the direct ar contributing cause of death shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

JAN VS 150-REV. 1/1/65

occurred in a haspital and

	00.4	MECO	TY HEALTH DEPARTMENT	.66 00568
M.E. CASE NO.	66 (10568 CERTIFICA	ATE OF DEATH Registered N	o. 1112 1731 7310
Type or Print)	CEASED		2. DATE AND HOUR OF DEA	TH
	Lillian Milhu	rn	January 13, 196	6
			A. STATE B. COUNTY	1 - 6 1
HOSPITAL OR	oddress or location	or institution, give street n)	Maryland C. CITY OR TOWN (If outside city limits, wri	te RURAL and give township)
	ty Hospital		Baltimore D. STREET ADDRESS (If rurol, give tocotion)	
Redwood&	Green Street	S		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hr
		WIDOWED, DIVORCED (specify)	Dec. 15, 1889 RY 11. BIRTHPLACE (State or foreign country	Months Doys Hours Min.
lone during most of	working life, even if retired)	k 10B. KIND OF BUSINESS OR INDUST		12. CITIZEN OF WHAT COUNTRY?
	ewife	1	Virginia	USA
3. FATHER'S NA	TVIE		14. MOTHER'S MAIDEN NAME	
Willi	am Moss I Ever in U. S. Armed Fo		Unknown	
5. Was Decease Yes, no or unknaw	Ever in U. S. Armed Fo	rces? 1 6. SOCIAL es of service) SECURITY NO.	17. INFORMANT	ADDRESS
			(Mrs.) Geraldine Smith	906 Harlem Ave.
18. 444 4000	3 X I		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI LEADING TO DEATH	KECILY HY	PERTENSIVE CARDIO-	ONE YEAR
	nat mean the made at	dying, e.g., DUE TO	PERTENSIVE CARDIO- VASCULAR DISEAS	E
	asthenia, etc. It means nptication which caused		1/13000/10 2020/12	
40	ANTECEDENT CAUSES	(B)		
DISEASES	OR CONDITIONS, if	any, giving		
	e abave cause (A) G CONDITION last.	stating the (C)		
ONDEREITIN	o combinion last,			
Z OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING		
	CONDITION CAUSING			
	POPERATION 198. COM	IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDI	NT WAS UNDERLYING	218 PLACE OF INITIAL	, in or about 21C. WHERE DID (If in Boltin	nore City, give exact location)
OR CONTRIB	TING CAUSE OF medical examiner	home, form, factory, street,	office bldg., INJURY OCCUR?	note only, give exact locations
OF INJURY	(Month) (Day) (Year)	(Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
(APPROX)		While AI Not W	hile	
22. I certify	that (I) (this hospita	L) attended the deceased from	OCT, 18 1965 to J	AN. 13 1966
1.73	last saw the deceas	TAN 13	***************************************	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The second secon
23A. SIGNAT		ted abave. (I) (We) (did) (did nat)	view the pady after death.	23B, DATE SIGNED
1	PA 1	Reit M.D. A	ttending Med. Stoff	
C Ely	Ulun L.	Diefer P	hys. Director Phys.	JAN. 14, 196
PHYSICI NAME (CAR		SEXTON MI	23D. ADDRESS D. 819 PARK AVE. B.	ALTIMORE, MD (City, town, or county) (State)
24A. BURIAL CRI		24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION	(City, town, or county) (State)
Buria	7	Balto, Natio	onal Cemetary Baltimore, M	
	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
LANT	1000 A A	0 T. 0 at	Arlington S. Phillips	1727 N. Monroe St

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and the state of t STEED THE SHEET WITH

CHRISTAN L. SEXTAN SHI FAIR AND SALEMEN CALLS

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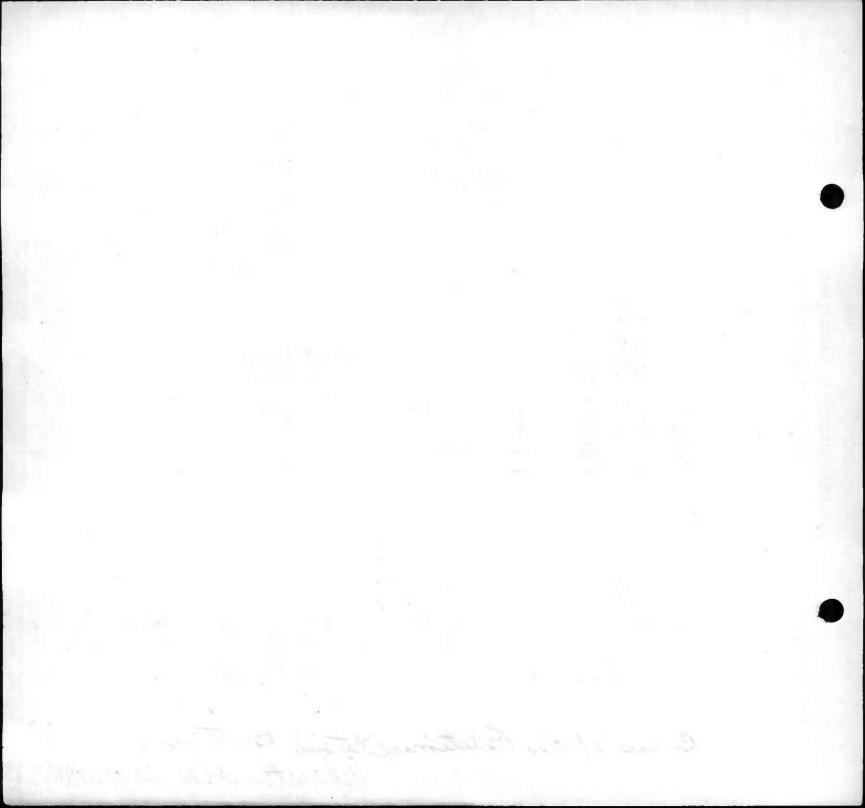
(() ()	569 MED		ALTIMORE CITY HEAL	TH DEPARTMENT ERTIFICATE OF	DEATH Pagistar GA	00569
M.E. CASE NO.	MILD	ICAL LA	AMIIATER 2 C	LKTII ICATL OI	DLA III Registered N	
1. NAME OF DE	CEASED	Cromwe	77	2, DATE AN	D HOUR PRONOUNCED DI	EAD
(Type or Print)	MABLE	R.	GRYCE	Janu	ary 15, 1966	10:30 P
3. PLACE IN BAL	TIMORE, MARYLAND, V	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where	-	1010
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION. GIVE STREET	Maryland		
HOSPITAL OR	ADDRESS OR LOC	ATION)		C. CITY OR TOWN (If outside	de corporate limits, write RUR	AL and give township)
				Baltimore		06
725	Rosedale Str	eet		D. STREET ADDRESS (If rurol	_	
	1. 22.22				ale Street	
5. SEX	6. RACE		NEVER MARRIED IVORCED(specify)	B. DATE OF BIRTH		Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.
Female	Negro			8/12/1909	7 56	
	UPATION (Give kind of working life, even if retired)	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country) 12.	CITIZEN OF WHAT COUNTRY?
marlies	ie, Operoto			Maryl	and	
13. FATHER'S NAM	AE /	. 18	Mason	14. MOTHER'S MAIDEN NAM	6	
	dem	n /1	L	uns	March	
	Off yes, give wor or dot		16. SO CIAL SECURITY NO.	17. INFORMANT	ADE	DRESS
			21711.1203	Varalum Ten	winh 3333	5 7 Henter ban
1B.	2 V		CAUSE	OF DEATH	munc O Me	INTERVAL BETWEEN
DISEA	I SE OR CONDITION D	INCOTI V				ONSET AND DEATH
DISEASES RISE TO TH	not meon the mode of operations, etc. It meon implication which coused antecendent CAUS OR CONDITIONS, IF LE ABOVE CAUSE (A) SING CONDITION LAST.	s the disease, death.) ES ANY, GIVING TATING THE	(B)	tensive Cardiova		
TO THE	II NIFICANT CONDITIONS DEATH BUT NOT RI R CONDITION CAUSIN	ELATED TO TH	E			
19A. DATE OF	OPERATION 198, COI	NDITION FOR W	HICH OPERATION		IN CERTIFYING CAUSES O	
511	L CAUSE WAS	210 0	LACE OF INTERVIOR	in or about 21C. WHERE DID	(If in Baltimore City, give ex-	and Innedian)
UTING CAU	OR CONTRIB-	home, etc.)	form, factory, street,	ffice bidg., INJURY OCCUR?	tir in boinmore City, give ext	oct toconon/
21D TIME OF INJURY	(Month) (Doy) (Yes	or) (Hour) 21	E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)		m. W		WHILE		
22.	.,					
	tify that I held an				is basis, death in my op	inion
resu	Ited fram: Notural co	uses X A	cident Suicld		Undetermined manner	
ACTUA	Ω		1	CHIEF MEDICAL E		DATE SIGNED
SIGNAT		arlis !	Kelly M.D.	ASSISTANT MEDICAL E		1/16/66
EXAMIN NAME (. ('2020'	es S. Pe	tty, M.D.	ASSOCIATE MEDICAL E	XAMINER	1/10/00
23A. BURIAL CRE	MATION, 23B. DATE		NAME of CEMETERY	CREMATORY 23D.	CATION (City, town,	, or county) (State)
REMOVAL (Specif	el 1/2	0/66 (asuer m	en. Ph. Lo	curel	md.
	BY HEALTH DEPT.	248, NAME C	DF REGISTRAR	24C. FUNERAL DIRECTO	000	ADDRESS
JAN 1	8 1968 120	A. O. T.	6 46	Willington	Shellips 172	71. Moural
VS 151-REV. 1/1/	65	1 0 %		O PULL	1	

28 8081/21/8 Marghine markin chanter Marson 2014 120 Cerelyon French 3375 With Rouge of 20/66 Cours Men. Phyteurel Whenter Shillips 173 th. W. C.

	TH NO. 14-08165 66 00570		HEALTH DEPARTMENT		00570			
BIR"	TH NO.	CERTIFICA	TE OF DEATH	Registered No.	(3,7,1,1)			
1,1	E. CASE NO. IAME OF DECEASED BOALL BOALL	Stanleil	2. DATE AND	HOUR OF DEATH	2,30 A.M			
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	J. W. C. G.	4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceosed lived. If institu	ution; residence before admission)			
	FULL NAME OF HOSPITAL OR Oddress or location) Sov Secours Hospital or institution, give street oddress or location)		C, CITY OR TOWN (If outside city limits, write RURAL and give lownship)					
14			BALTIMORE 21217 D. STREET ADDRESS (If rurol, give location) 1821 BAKER STREET					
5. 1	M NEGRO IN	NEVER MARRIED WED, DIVORCED (specily)	1-7-66	·	f Under 1 Yr. If Under 24 Hrs. Ionths Doys Hours Min.			
10,0	N. USUAL OCCUPATION (Give kind of work 108, KIND e during mast of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign MARY /	cauntry)	2. CITIZEN OF WHAT COUNTRY?			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
	IRA StANley		MABEL WINTERS					
(Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown)(II yes, give wor or dates of serv/d	1 6. SOCIAL SECURITY NO.	Chart IRA	Stanley	1821 BAKERSH			
	18. 76a.51	CAUSE O	F DEATH	/	INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of divine as a property of the control of the con							
	trials does hat meet the made at dying, e.g.,							
	heart failure, osthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (8) Frimany pulling a tell Sains 1, 13, 1966							
	ANTECEDENT CAUSES	(B)	The second		1, 13, 11,00			
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING Intercont	chnord her	miliage, t	ila).			
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or Nol	20B. IF YES, WERE FIN	DINGS CONSIDERED S OF DEATH?			
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, larm, loctory, street, of etc.)	or obout 21C. WHERE DID	(If in Baltimore C	ity, give exoct locotion)			
	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While Work At Work		RY OCCUR?				
	22. I certify that (I) (this haspital) ottended the deceased from 1.7: 1966 to 1.1.3. 1966							
	that (1) (we) lost saw the deceased alive an							
	ond hour and from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth.							
	23A SIGNATURE				B. DATE SIGNED			
	Mi Book	Phy	s. Director Ph	off nys.	1, 13, 1966			
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	oups Has	pital			
24/	A. BURIAL CREMATION, 24B. DATE 240	NAME OF CEMETERY OF CRE	MATORY 24D, 10	ATION (City,	town, or county) (Stote)			
	Burial 1/17/66/	Saltiman	National Bo	allema	ee mel.			
25/	A. DATE REC'D BY HEALTH DEPT. 258, NAA	AE OF REGISTRAR	250 FUNERAL DIRECTOR	191:10	ADDRESS MO MA			

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ADDRESS 27/1 W



	pe ar Print)		NAME OF DECEASED 2. DATE AND HOUR OF DEATH					
2 -	CAVEY.	JANUARY 14, 1966 10:20A						
J. P	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission					
	FULL NAME OF HOSPITAL OR INSTITUTION ST. AGNES HOSPITAL SEX 6. RACE 7. MARRIED, NEVER MARRIED		A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
_11			C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE					
11			D. STREET ADDRESS (If rural, give location)					
			3920 COLCHESTER RD. #29					
5. S			B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.					
		MARRIED (specify)	4-25-24	41				
	USUAL OCCUPATION (Give kind of work 108, to during most of working lite, even if retired) MAINTENANCE	ISKEY ALUM	MARYLAND	cauntry)	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
	WILLIAM CAVEY, SR.		MARY MILLER					
(Yes	Was Decoased Ever in U.S. Armed Forces? s,na arunknawn)(If yes, give wor ar dates of s XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	16. SOCIAL SECURITY NO. 216-16-1867	ST. AGNES HOSE	N M. CAVEY,	3920 CÖLCHESTER N & WILKENS A			
	1B. // 3 A /	CAUSE O	F_DEATH		INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY					ONSET AND DEATH			
	LEADING TO DEATH							
	ONSET AND DEATH LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES (B) ONSET AND DEATH ONSET AND DEATH (A) LCLUTE ONSET AND DEATH ONSET AND DEATH (B)							
,	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
	ANTECEDENT CAUSES (B)							
	DISEASES OR CONDITIONS, if any, giving							
	rise to the above cause (A) stating the (C) Ventucular frenchisters							
	UNDERLYING CONDITION last.							
TION	OTHER CONFICANT CONDITIONS CONTRIBUTING							
⋖ .	DISEASE OR CONDITION CAUSING II.							
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION	20A. AUTOPSY? (Yes ar Na)	20 B. IF YES, WERE FIN	NDINGS CONSIDERED				
ERT	0	NO						
				City, give exact lacation)				
144	21D. TIME (Month) (Doy) (Year) (Hos	21F. HOW DID INJUR	Y OCCUR?					
OF INJURY (APPROX.) While At Not While			le					
	WORK LANIMARY 1 66 IANHARY 11 6							
	- IANIJAPY 1/1 66							
	that (I) (we) lost saw the deceased alive on JANUARY 14 19 66 and that in (my) (aur) opinion death accurred an the do							
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.							
	23A. SIGNATURE							
	seven		ending Med. Sto	off D	1-14-66			
	Phys. Director Phys.							
	NAME (Type) R MARIN			SPITAL; CAT	ON & WILKENS			
					ON & WILKENS			
24A	REMOVAL (Specify) 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOC	ATION (City,	tawn, ar caunty) (State)			
		MEADOLIDIDGE MEM	OPTAT DADE B	ALTIMORE, MA	DALVID			
	BURIAL 1/18/66	MEADOWRIDGE MEM	OKTUT TUTAL D	WITT TLIONE 'LW	KILAND			
25A		NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS 212: 07 Wilkens Avenu			

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66 . 0572 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR PRONOUNCED DEAD 1. NAME OF DECEASED SCHULTHEIS January 15, 1966 1:30 P PHILLIP 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATION Baltimore 2430 Annor Court 21230 D. STREET ADDRESS (If rurol, give location) 21230 2430 Annor Court 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours WIDOWED, DIVORCED (specify) XX 85 1/1/1881 Male White IDA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) RETIRED MARYLAND U.S.A. 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME UNKNOWN UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SO CIAL 17. INFORMANT ADDRESS 215-01-3402 (Yes, no or unknown), (If yes, give wor or dotes of service) MRS. GRACE C. SCHULTHEIS, 2430 ANNOR CT. # 30 NO XXXX XXX-XXX IB. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic Heart Disease. (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATIO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No 218, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exect location) home, form, foctory, street, office bldg., NJURY OCCUR? 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 品 21D TIME (Month) (Dov) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Year) OF INJURY (APPROX.) WHILE AT NOT WHILE m. WORK 22. Autapsy I certify that I held an Inquiry Inspection X and that an this basis, death in my apinian Suicide Hamicide Undetermined manner resulted fram: Natural causes X Accident CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 1/16/66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Type) 23A. BURIAL CREMATION. 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (Stote) (City, town, or county) REMOVAL (Specify) BURTAL 1/18/66 LOUDON PARK CEMETERY BALTIMORE MARYLAND 24A. DATE REC'D BY HEALTH DEPT.

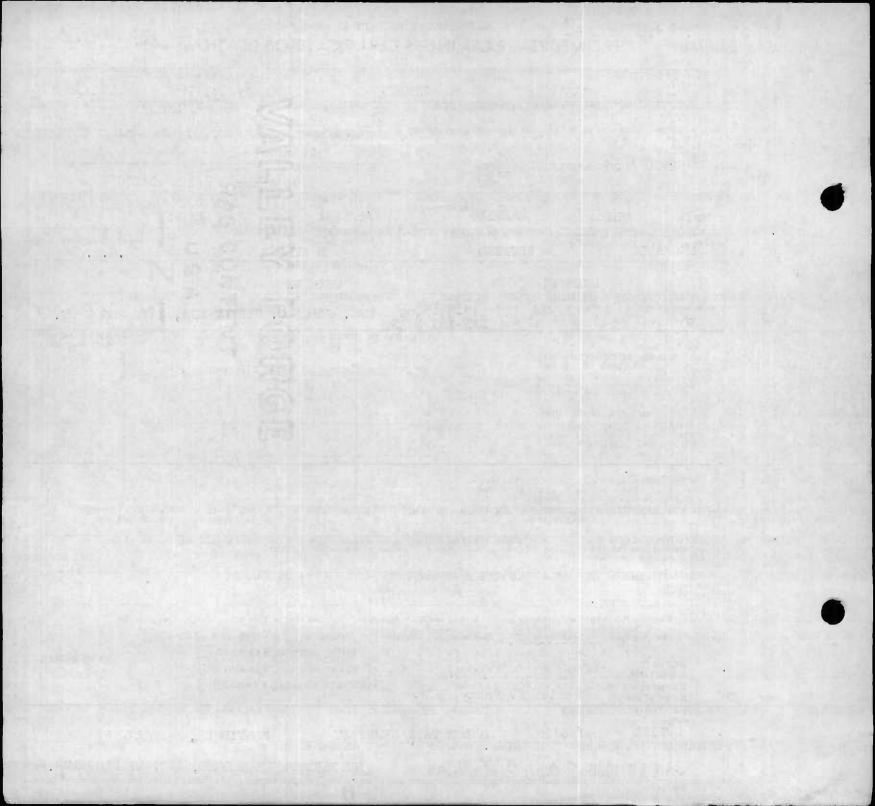
24C. FUNERAL DIRECTOR

ADDRESS

HUBBARD FUNERAL HOME, 4107 WILKENS AVE. # 29

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24B, NAME OF REGISTRAR



HUBBARD FUNERAL HOME, 4107 WILKENS AVE. #

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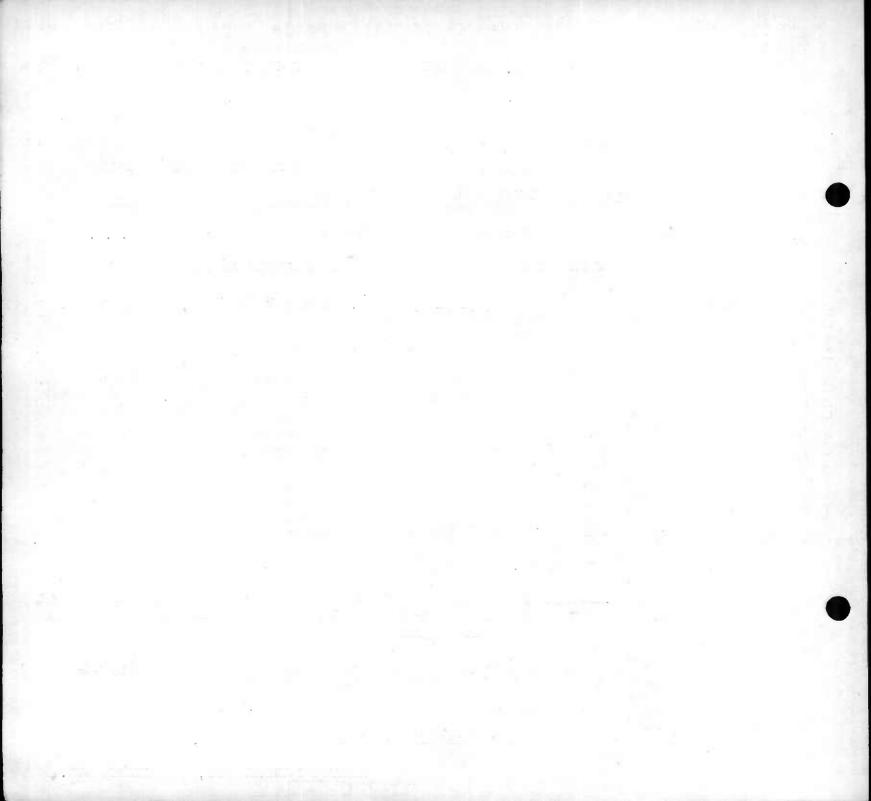
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		BALTIMORE CITY	HEALTH DEPARTMENT	12 1.115"A			
	BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH Registered No.	6 00574			
	1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH				
	JOHN A	HAYES	JANUARY 14, 1966	P. M.			
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or instituti	on, give street	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY MARYLAND	stitution: residence before admission)			
6	HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outside city limits, write I	RURAL and give township)			
0	4418 OLD FREDERICK RO	AD 21229	D. STREET ADDRESS (If rurol, give location)	21220			
p	5. SEX 6. RACE 7. MARR	IED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	21229 If Under 1 Yr. If Under 24 Hrs.			
is made.	MALE WHITE NEVE	WED, DIVORCED (specify) R MARRIED	5/4/1891 lost birthdays 74	Months Doys Hours Min.			
	IDA, USUAL OCCUPATION (Give kind of work 10B, KINE done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
disposition		TRED	MARYLAND	U.S.A.			
ро	JOHN HAYES		ELIZABETH FITZGIBBONS				
dis		12 (00 0111	ELIZABETH FITZGIBBUNS	ADDRESS			
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of servi						
final	NO	705-05-4154	MR. CHARLES V CHALMERS, 5				
0	18. 422, 1	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH			
pa	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) AT	HEROSCLEROTIC CU DISEASE				
palm	(This does not meon the mode of dying, heart laiture, asthenia, etc. It means the dise injury or complication which caused death,)	3yu.					
E 9	ANTECEDENT CAUSES	(B) DUE TO					
are	DISEASES OR CONDITIONS, if any, give	.1					
	rise to the obove couse (A) stating UNDERLYING CONDITION last.	The (C)					
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
e the		19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINI IN CERTIFYING CAUSE					
before	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	in ar obout 21C. WHERE DID (If in Baltimare ffice bldg., INJURY OCCUR?	e City, give exact lacotion)			
Pe	21D. TIME (Manth) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
ain	(APPROX.)	While At Not Whi Work At Work					
bto	22. I certify that (I) (ship hespital) attend	ed the deceased from	3-3 1959 10	1-14 1966,			
pe o	that (1) (we) lost saw the deceased alive	1 1	19 6 c and that in (my) (coor) opi	nion death occurred on the date			
	and hour and from the couses stated abov	e. (1) (We) (did) (did not)	view the body after deoth.				
must	23A. SIGNATURE		Shelf -	23B. DATE SIGNED			
0	John 7. Duay	M.D. Att		1/16/66			
0	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1			
pprov	JOHN SCHA		401 RANDOM ROAD				
0	REMOVAL (Specify)	C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (Ci	ity, town, or county) (State)			
tten	BURIAL 1/18/66 1	NEW CATHEDRAL CE	METERY BALTIMORE,	MARYLAND			

25C. FUNERAL DIRECTOR ADDRESS HUBBARD FUNERAL HOME, 4107 WILKENS AVE.

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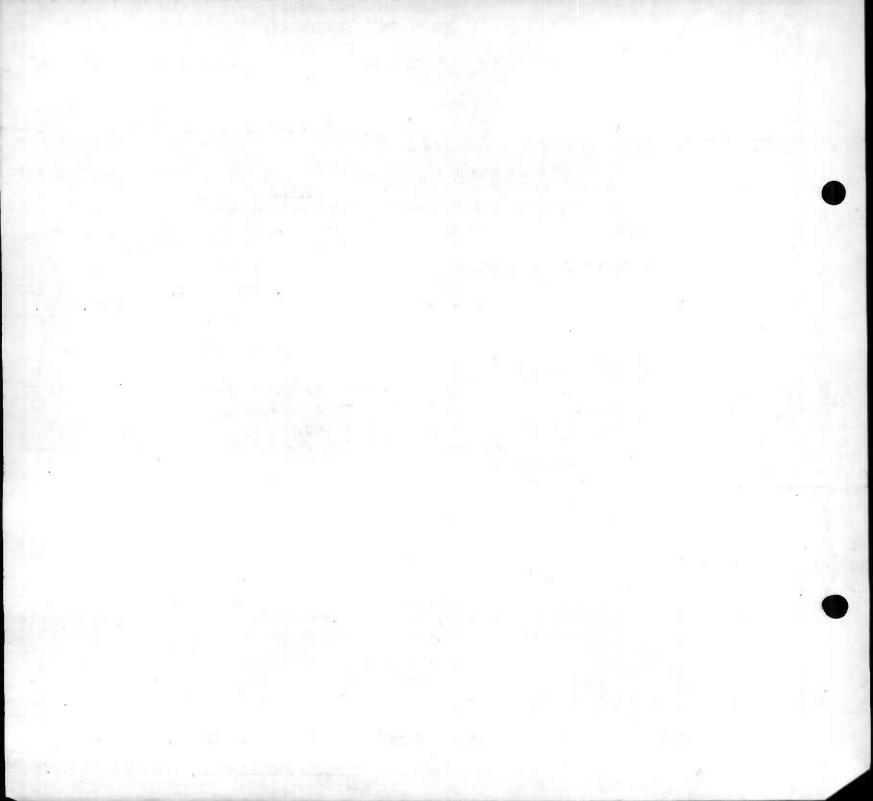
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 5 00575 66 005/5 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) FLSON 13-66 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission 8. COUNTY MAKYLAND (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION BALTIHORE FRANKLIN SOURCE HOSPITAL D. STREET ADDRESS (If rurol, give location) AMES 130 mad 8. DATE OF BIRTH 1882 9. AGE (In years 5. SEX tf Under 24 Hrs. 6. RACE 7. MARRIED NEVER MARRIED If Under 1 Yr. Months Doys Hours WIDOWED, DIVORCED (specify) tost birthdoy! 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) FLOORLADY RETIRED MARYLAND U-S. X 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME XXXXXXXXXXXX UXXXXXXXXXX CARRIE NICHOLS JOSEPH BORGEALT 17. INFORMANT MRS. DORIS BERRY, 444

WEDIOR L 15. Was Deceased Ever in U. S. Armed Forces final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. LINTH. HGTS. NO 214-01-2689 CAUSE OF DEATH 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the made of dying, e.g., embal heart failure, asthenia, etc. It means the disease, injury at camplication which coused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Bottimore City, give exoct locotion) OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner MEDI obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased fram 19 and that in (my) (aur) apinian death accurred an the date pe that (I) (we) last saw the deceased alive an and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 238. DATE SIGNED Attending [Stoff Med. 1-13-66 Phys. Director _ approval 23C PHYSICIAN'S 23 D. ADDRESS SQUARE FRANKLIN VACINTO 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify)

1/17/66 BALTIMORE NATIONAL CEMETERY BURIAL 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR BALTIMORE. MARYLAND ADDRESS

HUBBARD FUNERAL HOME, 4107 WILMENS AVE. # 29



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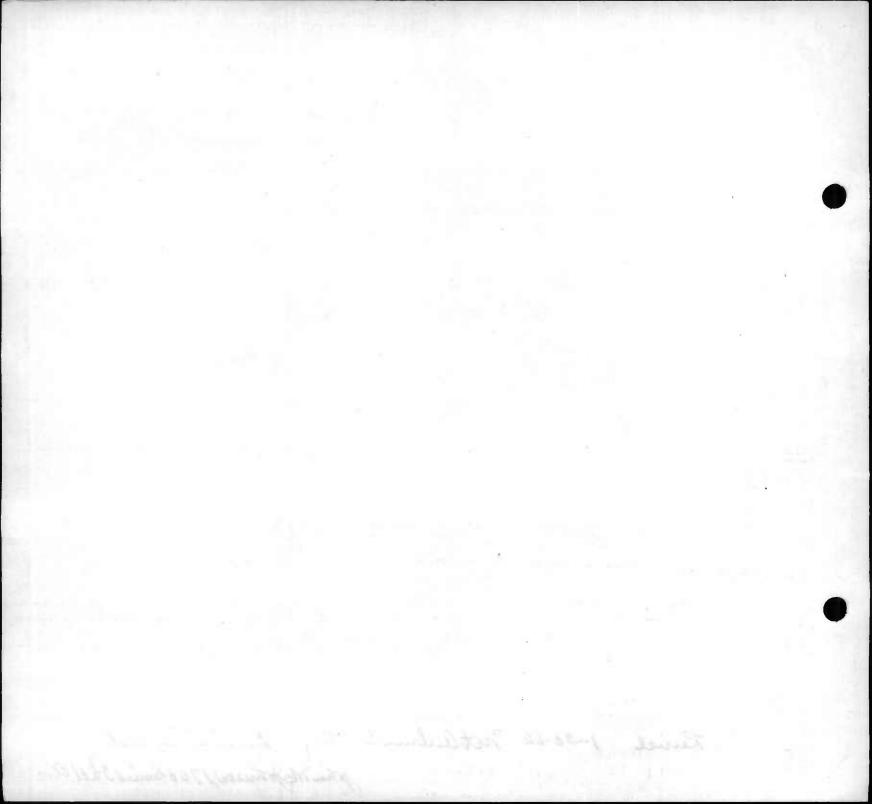
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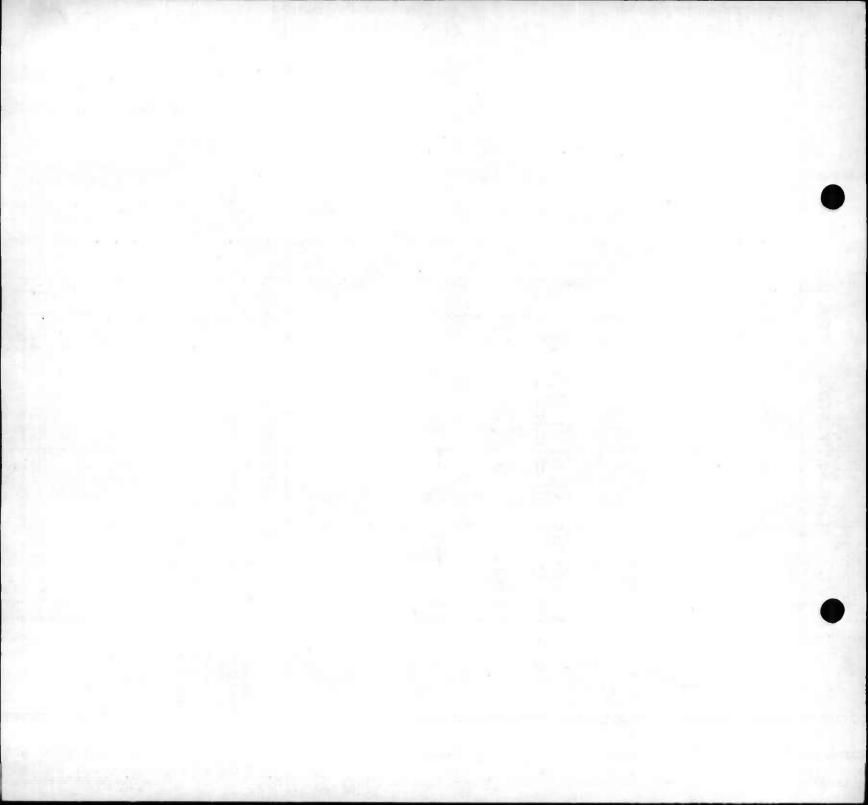
cause

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceosed lived, If institution: rosidence 3. PLACE OF DEATH IN BALTIMORE MARYLAND B. COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddross or location) (If outside city limits, write RURAT and give township INSTITUTION D. STREET ADDRESS (If rurol, give tocotion) 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 24 Hrs. 6. RACE 8. DATE OF BIRTH If Under 1 Yr. If Und Months Doys Hours WIDOWED, DIVORCED (specify) lost birthday) 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or Toreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forcas 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. INTERVAL BETWEEN 2 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, asthonia, etc. Il meons the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notily medical examiner) etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While [While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an. and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated abave. (1) (WE) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. Med. Diroctor 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) 3817 COPLEY RULAND M.D. 24A. BURIAL CREMATION, 248, DATE 24D. LOCATION REMOVAL (Specily) HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

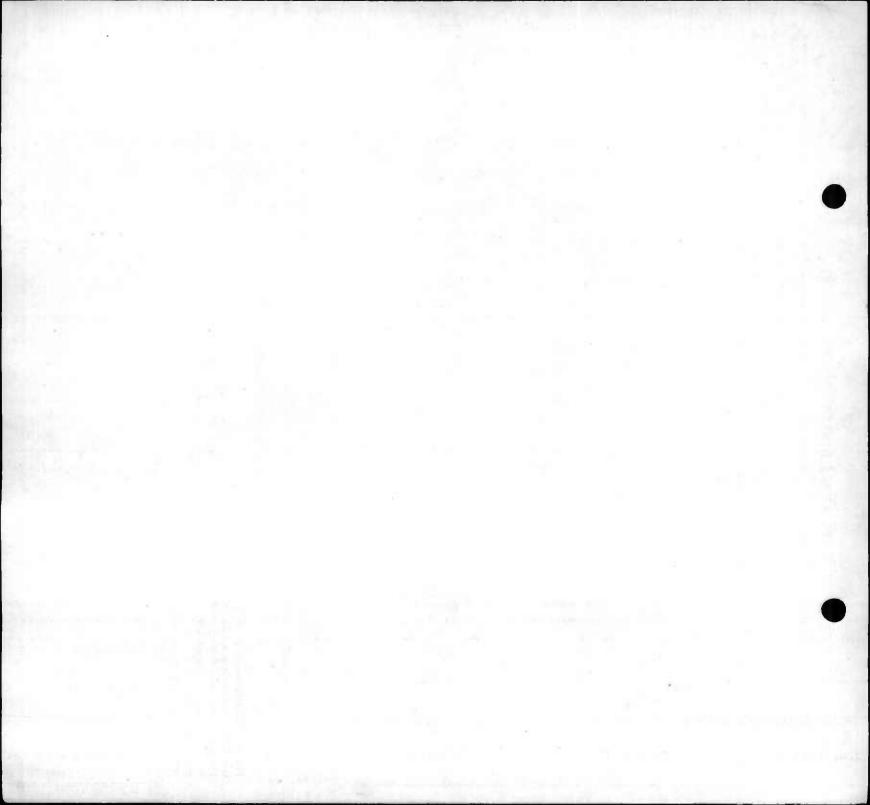


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

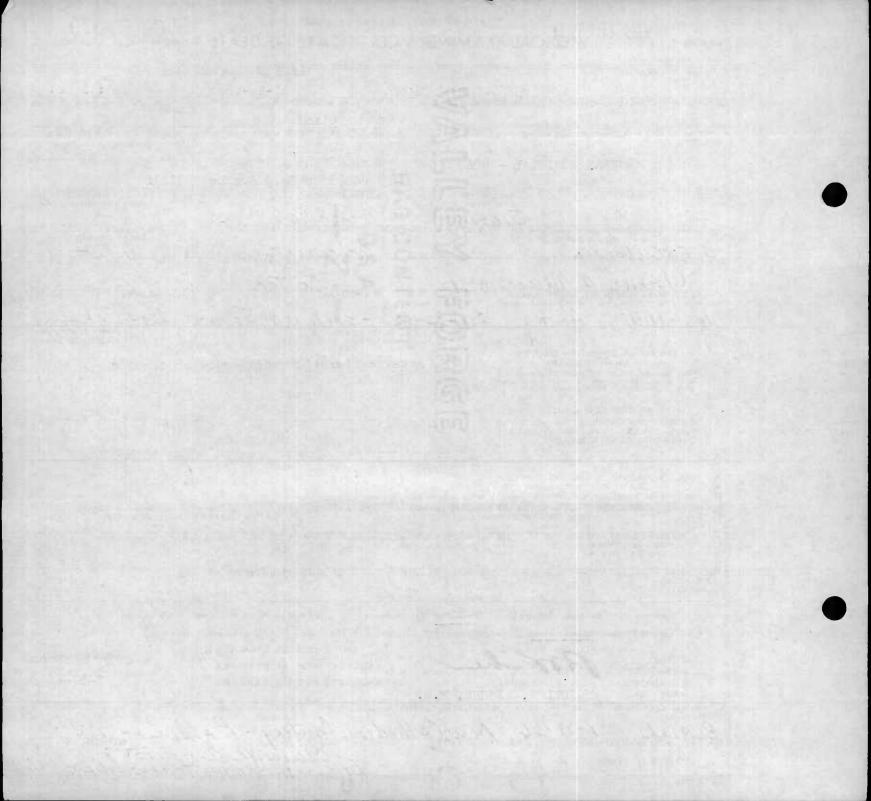
				BALTIMORE CITY	HEALTH DEPARTMENT		000000
	TH NO.	6(3 00	577 CERTIFICA	TE OF DEATH	Registered No.	6 00577
1. N	AME OF DEC	EASED			2. DATE AN	ID HOUR OF DEATH	
,,,	e or Print)	atherine K	otche	enreither	Jan.	16, 1966	5 A M.
3. 1	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (When	re deceased lived. If in	stitution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)				Maryland	tside city limits, write	RURAL and give township)
	NSTITUTION				Baltimore	,	
U		3815 Mt.	Pleas	sant Ave.	D. STREET ADDRESS (If	rurol, give location)	
5. 9	FY	6. RACE	7. MARR	IED, NEVER MARRIED	3815 Mt. Ple	easant Ave	If Under 1 Yr. If Under 24 Hrs.
	Fem.	white	WIDO	WED, DIVORCED (specify)	8/15/1876	lost birthdoyî 89	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
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13.	HOUSEW				Baltimore.	ME	
	Pall	on			Derring		
15. (Ye	Was Deceosed s, no or unknown	Ever in U. S. Anned Fo	rces? es of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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	18. 4 9	211					INTERVAL BETWEEN
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CA	19A. DATE OF	OPERATION 198, COL		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208, IF YES. WERE	FINDINGS CONSIDERED
ERTIFIC	0		RFORMED		20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	USES OF DEATH?
CAL CE	21 A. ACCIDEN OR CONTRIBU DEATH (notify	TING CAUSE OF medical examiner		21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)		(If in Boltimor	e City, give exoct locotion)
0	21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
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		last saw the deceas		1/12			nian death accurred an the date
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	23A. SIGNATU	11		6. (1) (1.6) (did) (did ildi) (The body dilet death.		23B. DATE SIGNED
		1 HS uni	m-	M.D. Atte	ending Med. Director	Stoff Phys.	1/17/66
	23C. PHYSICIA	N'S			23D. ADDRESS	7 (1) 3. L.	1 / '
	NAME (T	ype) J. H. 600	dma	M.D.	34 m 6 Ba	themore	St
24/	BURIAL CRE		24	C. NAME of CEMETERY of CR	EMATORY 24D. L	OCATION (C	ity, town, or county) (Stote)
	Burial	- 11	66	Soored Hoort	I:om D-	7+1ma	W
25/		BY HEALTH DEPT.		Sacred Heart	25C. FUNERAL DIRECTOR	ltimore,	Maryland
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	RTH NO.	66	00578	CERTIFICA	TE OF DEAT	H Registered No	3-140578
1.1	NAME OF DECEASE	Valentine	Dolla	Dietro		E AND HOUR OF DEAT	
				IIeura	J 8	an. 15, 196	M.
	FULL NAME OF	(If not in hospital	or institution,	give street	Maryland	SOUNTY	institution: residence before admission)
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	SEX 6. RA	TaT	WIDOWED	NEVER MARRIED D. DIVORCED (specify) Ed BUSINESS OR INDUSTRY	1/11/18 9 5	9. AGE (In years lost birthday) 81.	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	ne during most of working	ng life, even if retired)			11. BIRTHPLACE (Store o		12. CITIZEN OF WHAT COUNTRY?
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13.	unk				unk	NAME	
15. (Ye	Was Deceased Ever	in U. S. Armed For	es? s of service)	16, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	ank			063-07-486	O Mr. Lou	is DellaPie	etra
	18. 581.	1 1		CAUSE O	FDEATH	ſ)	INTERVAL BETWEEN ONSET AND DEATH
		R CONDITION DIR	ECTLY	1.	1	1 1:	
		DING TO DEATH	duina on	(A) (C	Mosio	of dere	v 5 yrs
	heart lailure, osth	enia, etc. It means	the disease,	00110	00	1	
		CEDENT CAUSES	death.)	(B) Chri	ric alo	of Fire	
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CAL CE	21A. ACCIDENT WOR CONTRIBUTING		21 B, hom etc.)	PLACE OF INJURY (e.g., in ee, form, factory, street, of	or obout 21C. WHERE D	ID (If in Baltime	ore City, give exact locotion)
EDIO		nth) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DIE	NJURY OCCUR?	
2	(APPROX.)		Whi	ile At Not While			
	22. I certify that	(I) (this hospital	attended t	he deceased fram	1-9-66	19to/_	- 15-6 6 19
	that (I) (we) last	saw the decease	d alive an	1-15-66	19an	nd that in (my) (حبت) م	pinion death accurred an the date
		m the causes stat	ed obave. (I) (***) (did) (district) v	iew the bady after de	ath.	
	23A. SIGNATURE	M-					23B, DATE SIGNED
	John	w has	antr	M.D. After	nding Med. Director	Staff Phys.	1-17-66
	23 C. PHY SICIAN'S NAME (Type)	DHN CE	TAN	M.D.	23D. ADDRESS	ONKLING	(
24/	A. BURIAL CREMATI	ON, 24B. DATE	24C. NA	AME of CEMETERY of CRE			City, town, or county) (State)
25	Murial	b/18/66	Oak	clawn Cemete			Maryland
	JANIO	1066 A A	0 (6) 85	. a lie i	JOSEPH N.	11. Sanveno	263 S. Conding
Vs	150-REV. 1/1/65	1200 (K.K.	0 t., 4	1.4.,63	O TO DIA IN	Делиний и	-07 D. OV: -110



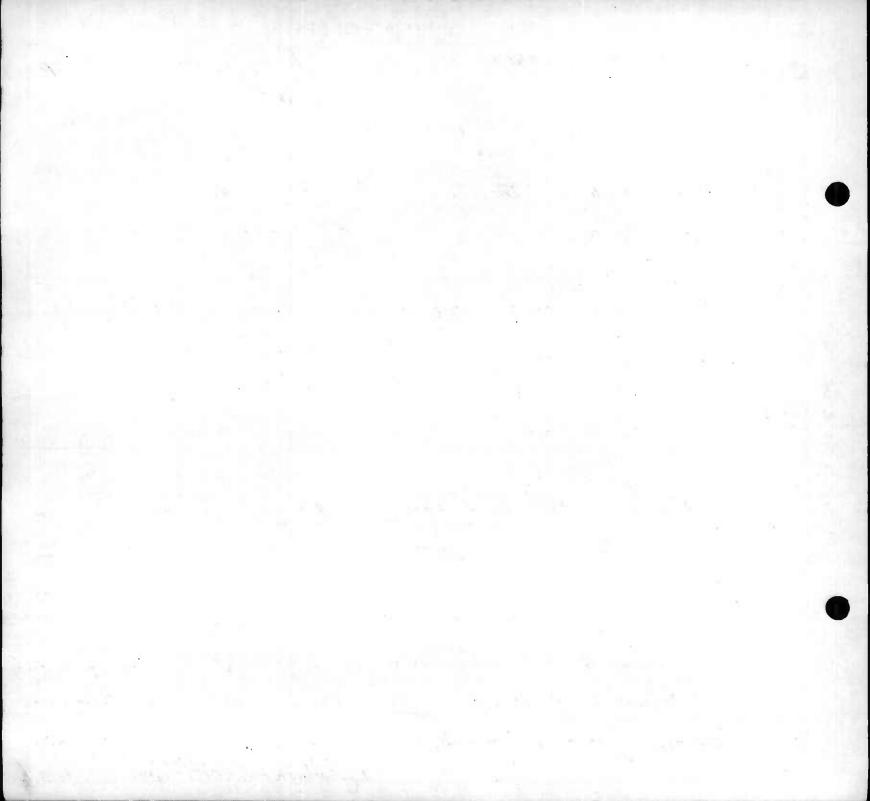
	66 50570	BALTIMORE CITY HEAL	LTH DEPARTMENT		66 00579
BIRTH NO.	MED	DICAL EXAMINER'S C	ERTIFICATE OF	DEATH Registe	red No.
M.E CASE NO.					
1. NAME OF DE (Type or Print)		7.1		ND HOUR PRONOUNC	
3 PLACE IN BA		DREW // MESSERSMITH		16-66	1:45 P. M.
3. FLACE III Dr.	LINUTE MARIENTE,	THERE PRONOUNCED DEAD	A. STATE	e deceosed lived. If insti B. COU	titution: residence before admission) JNTY
FULL NAME OF HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPIT ADDRESS OR LOCA	TAL OR INSTITUTION, GIVE STREET	Maryland c. CITY OR TOWN (If outside	de corporate limits, write	RURAL and give township)
INSTITUTION	SINAI HOS	PITAL - DOA	Baltimore D. STREET ADDRESS (If rurol,	d. give location)	8-41
			4203 Oakford		215
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr, If Under 24 Hrs.
Male	White	WIDOWED, DIVORCED (specify)	9-23-1906	lost birthdoy) 59	Months Doys Hours Min.
		ork TOB, KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (State or forei		12. CITIZEN OF
OFFICE.	of working life, even if retired) COORKER		BALTIMORE		WHAT COUNTRY?
13. FATHER'S NA	ME	,,	14. MOTHER'S MAIDEN NAM	E	
15. WAS DECEAS	ARLES / / /	ESSERS MITH	17. INFORMANT	R	ADDRESS
	wn) (If yes, give wor or dote		17. INPORMANT		ADDRESS
UPS-L	UWIT- AR	my 218-32-0281	2-EVELUNA.	to NPS -1	4203 OAKtORD
/1B.	2.37	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DI	HRECTLY			
	LEADING TO DEATH	H (A) Arter	riosclerotic card	diovascular	disease
heort foilure	s not meon the mode of tre, osthenio, etc. It meons complication which coused	or dying, e.g., DUE TO			
	ANTECENDENT CAUSI	(B)			
RISE TO TH	S OR CONDITIONS, IF A	STATING THE			
	YING CONDITION LAST.	(C)			
0	1				
NOTHER SIGNATION TO THE DISEASE OF T	GNIFICANT CONDITIONS DEATH BUT NOT RE	CONTRIBUTING			26 56 56
DISEASE	OR CONDITION CAUSING	IG IT	***************************************		
19A. DATE O		NDITION FOR WHICH OPERATION REFORMED	20A. AUTOPSY? (Yes or No)	1 208, IF YES, WERE FIN	IDINGS CONSIDERED SES OF DEATH?
Z 21 A. EXTERN	IAL CAUSE WAS	21 B. PLACE OF INJURY (e.g.,	in or obout 21C, WHERE DID	(If in Boltimore City, gi	ve exact location)
O UNDERLYING	GOR CONTRIB-	home, form, foctory, street, o	office bldg., INJURY OCCUR?	All in boliamore co., j. g.	le exect locollolly
Z 21D TIME	(Month) (Doy) (Yeo	or) (Hour) 21E. INJURY OCCURRED	21 F, HOW DID INJU	UPV OCCUP?	
OF INJURY	Within 1207		WHILE	JRI OCCOR.	
22		m. WORK L AT W	VORK L		and the purpose
1 ce	rtify that I held on	Inquiry Inspection X Aut	topsy ond that on thi	nis bosis, death in m	ny apinlon
rest	ulted from: Natural ca	ouses X Accident Suicide	de Hamicide U	Undetermined monne	er
			CHIEF MEDICAL EX		
SIGNAT		Tisher 40	ASSISTANT MEDICAL EX		DATE SIGNED
	INER'S	Me Ve	ASSOCIATE MEDICAL EX		1-17-66
NAME ((Type) RUSSEL	L S. FISHER, M.D.			A LANGUAGE AND
23A, BURIAL CRE	REMATION, 23B. DATE	23C. NAME of CEMETERY o	CREMATORY 23D. L	LOCATION (City,	town, or county) (State)
Rupia	1 1-19-	-66 Nain Cathe	Inal Compteel	- Balti	and my
24A. DATE REC'T	D BY HEALTH DEPT.	248. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	R	AODRESS AODRESS
JAN 1	19 1966 00	07000	T, Cllsy	It arma	c12/1/1/1
		AT E STOLLINGER	ELISING RITA	RMACOST -	1600 LIBERTY/TEN
VS 151-REV, 1/1,	/65	1 2 0 0	0 5 . 0		



V\$ 150-REV, 1/1/6

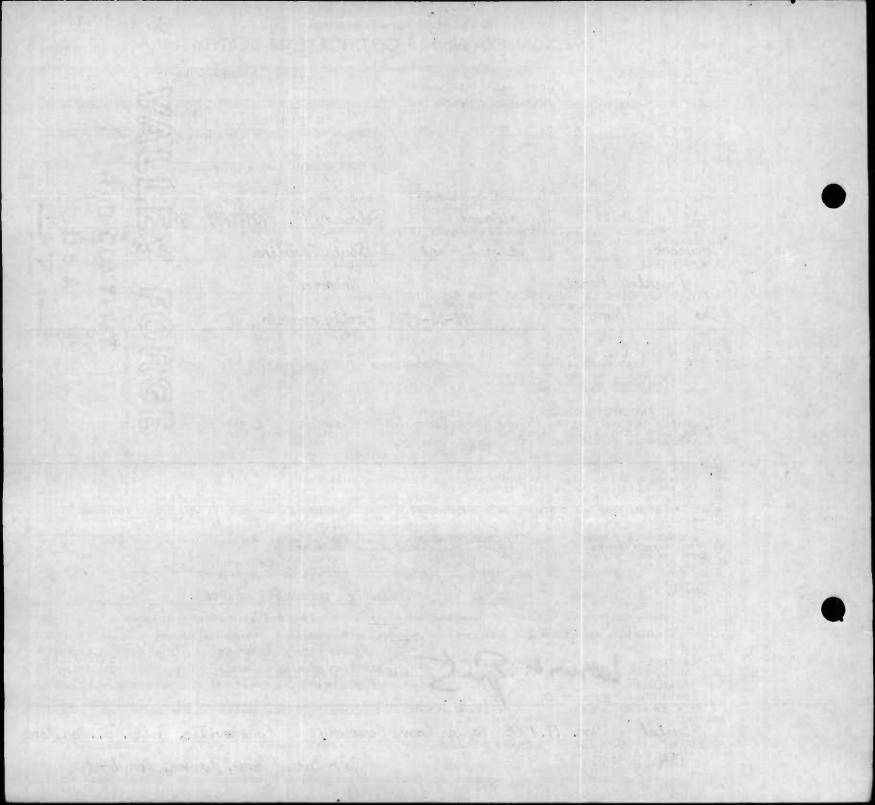
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	BALTIMORE CITY	HEALTH DEPARTMENT		00 00520
BIRTH NO. M.E. CASE NO. 66 UU53	O CERTIFICA	TE OF DEATH	Registered Na.	66 00530
Type of Print) PELLAN , JAM.	ES L.		NO HOUR OF DEATH	
PLACE OF DEATH IN BALTIMORE, MARYLAND			ere deceased lived. If i	institution: residence before admission)
FULL NAME OF (If not in hospital or institu	ition, give street	Maryland		9-8-11
HOSPITAL OR oddress or locotion) INSTITUTION Lutheran Hospital of	f Maryland	C. CITY OF TOWN (11 or		RURAL and give tawnship)
Baltimere, Md.	21216		ford Ave	,
Male 111/2 WID	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B. KIN one during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Vestern Electric		CI. 5 A(hicago Il	U. S. A.
3. FATHERS NAME		14. MOTHER'S MAIDEN NA	AME	
EdWARD POL	lam	AhRON	15	
5. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dates of sen	1 6. SOCIAL vice) SECURITY NO.	17. INFORMANT		ADDRESS
YES WINT - ARMY	1 212-20-5189	JANE C. VEH	AM-3615	- MILFORD AVE
/1B. 162.1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C	reinematesis		ONSE! AND DEATH
(This does not mean the made of dying,		reinima resis	~~~	FOR SIGN SIGN STATEMENT ST
hearf failure, asthenia, etc. If means the dis injury or camplication which caused death.)	ease,		en	
ANTECEDENT CAUSES	(B)	enchegenic C	arcinone	18 Tammenta <mark>da</mark> n amin a ama a ga kong a an amaggan a an an an a o o o o o a a a o o o o
DISEASES OR CONDITIONS, if any, g	DUE TO iving			
tise to the above cause (A) stating UNDERLYING CONDITION tast.	the (C)	M 44477070000000000000000000000000000000		· • · · · · · · · · · · · · · · · · · ·
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.		150.4		
3 1/14/66 WAS CARECTAL	IMA of EUNG	20A. AUTOPSY? IVes or N	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical priner)	21B. PLACE OF INJURY (e.g., i home, form, factory, street, a etc.)			re City, give exact facation)
21D. TIME (Month) (Doy) (Year) [Hourl	21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	171
(APPROX)	While At . Not While Work At Work	•		
22. I certify that (1) (this hospital) attend	1	Anuary 6	19 66 to J	nucry 16 19 66
that (I) (we) last saw the deceased alive		19 66 and t		inian death accurred an the dat
and haur and fram the causes stated aba	,			
23A, SIGNATURE	- 10			23B, DATE SIGNED
manuel &. Front	M.D. Att	ending Med. Director	Stoff Phys.	January 16, 196
23C. PHYSICIAN'S NAME IType Manuel G. Fonto		23D. ADDRESS	Hospital of	Nd - Ballimon 11
A. BURIAL CREMATION, 24B. DATE 2	C. NAME of CEMETERY OF CR	MATORY 24D.	LOCATION (C	City, town, or county) (State)
BUR (a)	Meadowhound	Comoton 11	locate -	an Manuland
5A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	SIMINS/	ADDRESS
JAN 1 0 1988 (D D & Q.	For Power Man	FLISTINGTH	Tom Anist-	4. mlihoot, Acht.
150-REV 1/1/65		The state of the s	ALCANIO SA	1 RA PLINEY 1 4 / 1 0 1/11) 1



VS 151-REV. 1/1/65

		COUNTY		BALTIMORE CITY HEAD		OF DEATHS :	36 00581
	TH NO.	WED	ICAL EX	CAMINER 5 C	EKTIFICATE	OF DEATH Register	ed Na
	E CASE NO.	CEASED			[0. D.e.	TE AND HOUR PRONOUNCE	D DEAD
(Ту	NAME OF DE	CEASED	Tames C.	Hartis	2. DA	1/13/66	3:10 p.
3. F	LACE IN BAL	TIMORE MARYLAND, W			4. USUAL RESIDENCE Maryl	(Where deceased lived, If institution B. COUI	tution: residence before odmission) NTY
ПНО	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET		f outside corporate limits, write	RURAL ond give township)
INS	TITUTION				Baltime	ore	6-10
					D. STREET ADDRESS	(If rurol, give location)	1000
		ty Hospitals		EFFERME	1	Fairmount Ave.	
5. \$	EX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
11	nale	white	Wide	BUSINESS OR INDUSTR	February 18,	1909 194 56	12. CITIZEN OF
dor	o during most of NSWANC	working life, even if retired)		ral Agent	South Card		WHAT COUNTRY?
13.	FATHER'S NAM				4	INAME	
3 0		rley Harris			Unkaown		ADDRESS
(Yes	go or unknown	O EVER IN U.S. ARMED	s of service)	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
1	No	None		212-16-9396	family rea	onds	
	18.	76 X		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION DE					
	ATL: dans	LEADING TO DEATH		(A)	not wound of	head	
	heort failure	not meon the mode of , osthenio, etc. It meons mplication which caused	the disease,	DUE TO			
	Injuly of co	inplication which coused	de oiii.				
		ANTECENDENT CAUSI		(8)			
	RISE TO TH	OR CONDITIONS, IF A	TATING THE	DUE TO			
z	UNDEXLI	NG CONDITION LAST.		(C)		**************************************	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
5		ll l					
ERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO T				
CERT	19A. DATE O	F OPERATION 198, CON WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERE FIN IN CERTIFYING CAUS YES	
×	21 A. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g., form, foctory, street,			re exact location)
EDIC/	UTING CAL	OR CONTRIB-	etc.)				
Σ	21D TIME	(Month) (Doy) (Yeo	r) (Hour) 2	home		. Fairmount Ave.	
	OF INJURY (APPROX.)	1 13 66	? m. V	WHILE AT NOT	white shot	self in head.	
	22.	tify that I held an I	nauiry	Inspection Au	topsy X and that	an this basis, death in m	v apinion
		Ited fram: Natural ca		Accident Suicid			
	1620	irea fram: Natural ca	0363 A	cerdent			п 🗀
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER*					DATE SIGNED		
					1/14/66		
	EXAMIN NAME (U. Spitz	M.D.	ASSOCIATE MEDIC	AL EXAMINER	-, , • •
	BURIAL CRE	MATION, 238 DATE	23	C. NAME OF CEMETERY	or CREMATORY	23D. LOCATION (City,	town, or county) (State)
	Burio	il Jan. 1	7,1966	Poplar Grove	(emetery	Cokernville.	Balto. (o., Marylano
244		BY HEALTH DEPT.	24B. NAME	OF REGISTRAR			
	JAN	19 1966 P.C.	all E.	ideboy MA	John Burn	s' Sons, Towson,	, Maryland



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the body was released shows: (1) An accident

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(2) Body

(4) Undetermined cause;

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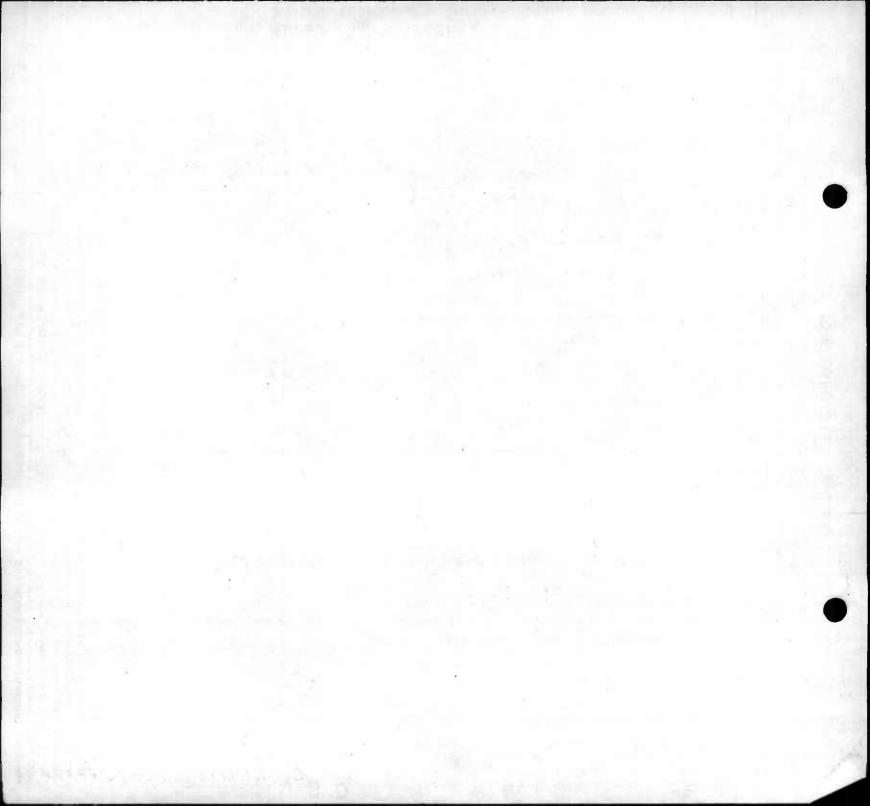
physician

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Deceased

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. RTIFICATE OF DEATH Registered No. M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND A. STAJE B. COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or lacation) (fourside city justs, write RURAL and give township) Hospita D. STREET ADDRESS ural, give location) mad A ARRIED, NEVER MARRIED 5. S TE OF BIRTH 6. RACE B. D 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours LOWED. QIVQRCED (specify) Jost birthdoy) S 10A. USUAL OCCUPATION (Give kind of work) 10 OR INDUSTRY BIRTH foreign country) 2. CITIZEN OF disposition WHAT COUNTRY? working life, even if retired) 14. MOTHER'S MAIDEN NAME 5. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS final (Yes, no ar unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving 0 rise to the above cause (A) stating the UNDERLYING CONDITION last. remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? fore 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL bei DEATH (notify medical examiner) etc.) 21 D. TIME obtained (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While I (APPROX.) Wark At Work 22. I certify that (1) (this hospital) attended the deceased from 19 pe that (I) (we) lost sow the deceased alive on. ond that in (my) (our) opiniun death occurred on the date must and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23 B. DATE SIGNED Attending | M.D. Med. Stoff Phys. Phys. Director _ approval 23C. PHÝSICIAN'S 23D. ADDRESS NAME (Type) M.D PURIAL CREMATIC CREMATION, 24B. written BY HEALTH DEPT 25A. DATE REC'D TUNERAL DIRECTOR V\$ 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

00 00552	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 66 00583	CERTIFICA	TE OF DEATH	Registered No.	
M.E. CASE NO. 1. NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print) Washel Ks	Fisher	Jan	15,1966	9.18 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND			e deceased lived, if insti	tution: residence before admission)
FULL NAME OF (If not in hospital or institu HOSPITAL OR address or location)	tion, give street	C. CITY OR TOWN (If out		heore
Maryland Genera	1 Haspital	0 110	side city limits, write RU	KAL ond give lownship)
Michael Genera	1 1000		rurol, give locotion)	hre
		COCCOCCOCCC	3606000000000	xxxx2914 Rosalie #
WID	RIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	It Under 1 Yr. If Under 24 Hrs. Aonths: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KtN done during most of working life, even if retired)		11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Housewiff over	None	Marylan	-d	WITH COUNTRY;
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	ME	
	Fresh	Ida CI	auser	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (It yes, give war or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	Mrs, E. Boy	1 6828	Bold 1
no	218-52-3413		Bait	more mid had
DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(a) Geni	entired arter	poseleration	10+ years
(This does not meon the mode of dying, heart failure, asthenia, etc. It means the distinjury or complication which coused death.)	e.g., DUE TO 1	east dinease	gg 😭 - 100 gg - 100	
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, gi	DUE TO iving			
rise to the obove couse (A) stoting UNDERLYING CONDITION last.	the (C)	_{PM} 700 7 M M M M 2000 M M 0 M 0 M 0 M 0 M 0 M 0	• • • • • • • • • • • • • • • • • • • •	
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		£-		
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	(If in Boltimore C	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, or etc.)	thee bidg., INJURY OCCUR?		
21D-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Work Not While At Work			
22. I certify that (1) (this hospital) attend			9 66 10 30	n 15 19 66.
that (A) (we) last saw the deceased alive	16	4 10		an death occurred an the date
and haur and from the causes stated above	ve. (+) (We) (did) (did not) v	iew the bady after death.		
23A. SIGNATURE PARTIES &		ending Med.	Stoff Phys.	3R DATE SIGNED
23C. PHYSICIAN'S	Phy	23D. ADDRESS	2 011	10
Robert E. Stor	mer M.D.	Mankand Co	eneral Ha	ofulal
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY of CR	MATORY 24D. LO	OCATION (City,	town, or county) (Stote)
Burial 1/19/66	Parkwood Cemeter	tr.	Roltimone M.	hand and
	ME-OF REGISTRAR	25C. FUNERAL DIRECTOR	Baltimore, Ma	ADDRESS
VS 150-REV. 1/1/65		Walter Brooks	bradley, inc	.,Dundalk 21222
	of the terminal termi	11 00 0 6	alt .	



D.O.A. shows: (1)

Was

written

BIRTH NO.

(Type or Print)

5. SEX

Male

no

MEDICAL

OF INJURY

(APPROX.)

3. PLACE OF DEA

FULL NAME OF HOSPITAL OR INSTITUTION

Machinist

13. FATHER'S NAME

M.E. CASE NO.

GIRDON

Mercy Hospital

6. RACE

10A. USUAL OCCUPATION (Give kind of work

Henry V. Keller

(Yes, no or unknown) (If yes, give wor or dates of service)

DISEASE OF CONDITION DIRECTLY

LEADING TO DEATH (This does not mean the mode of dying, e.g.,

heart failure, asthenio, etc. It means the disease,

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving

the obove couse (A) stating the

injury or complication which coused death.)

UNDERLYING CONDITION lost,

15. Was Deceased Ever in U. S. Armed Farces

done during most of working life, even if retired)

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66 00584	BALTIMORE CITY HEA
633 (1117C)3	CERTIFICATE

KELLER

(If not in hospital or institution, give street

BALTIMORE CITY HEALTH DEPARTMENT	
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BALTIMORE O	CITY HEALTH DEPARTMENT				
	CATE OF DEATH Registered Nd.	6 00584			
150	2. DATE AND HOUR OF DEATH Jan. 15, 1966	1 1.35 A.M			
YLAND	4. USUAL RESIDENCE Where deceased lived. It in A. STATE B. COUNTY				
or institution, give street	Maryland C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)			
	Baltimore D. STREET ADDRESS (If rural, give location)				
	2907 Thorndale Ave.	3			
7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify Married	8. DATE OF BIRTH 9. AGE (In years lost birthday) 7/13/1901 04	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,			
108, KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTRY?			
Edw.Renneburg & Sons Co.	Md.	U. S. A.			
	14. MOTHERS MAIDEN NAME				
	Sarah Runk				
es? of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
212-07-991	Lolita C. Keller 2907 Thorndale Ave.				
	ente Intracensoral Genorot	INTERVAL BETWEEN ONSET AND DEATH			
dying, e.g., DUE TO the disease, death.)	ente Intracerebral Genorot enterens or que to vacculo mal formation.	/			
ny, giving stating the IC)	mal formation.				
ONTRIBUTING TED TO THE					
OTTON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
21 B. PLACE OF INJURY (e home, form, foctory, stree etc.)	e.g., in or obout 21 C. WHERE DID IIf in Boltimore, office bldg., INJURY OCCUR?	e City, give exoct locotion)			

CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY home, form, foctory, st DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Haur 21E. INJURY OCCURRED

Not While While Ar Work Al Work

21 F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) ottended the deceased fram

11:45 1:35 that (1) (we) last sow the deceased alive on 1-15-66 and that in(my) (our) apinian death accurred on the date

and haur ond from the causes stated abave. (I) (We) (did) (did not) view the bady after death.

Carmelifa	A.	Censaña,	m. D.M.D.	Atte
PHYSICIAN'S		,		

nding	Med. Director	Stoff Phys
3D. ADDRESS		

23 B.	DATE	SIGNED
	1-1	14-66
	/-/	7

NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY

Mercy Hospital M.D.

(City, town, or county) (Stote)

966 266 Woodlawn 25A. DATE REC'D BY HEALTH DEPT. 9

Woodlawn 25C. FUNERAL DIRECTOR oward. Strong 3207

24D. LOCATION

W. North Ave.

VS 150-REV. 1/1/65

REMOVAL (Specify)

please determine favority.

Cornecto A. Ceniara, 123

HRT			BALTIMORE	CITY HEALTH DEPARTMENT	
	TH NO.	-00 m	CERTIFI	CATE OF DEATH Regist	ered No. <u>CC 40535</u>
	AME OF DEC	FASED	A -	2, DATE AND HOUR O	DE DEATH
		BLANCHE	SILER	1.15.6	
J. P	PLACE OF DEA	ATH IN BALTIMORE, MA	ARYLAND	A STATE P COUNTY	lived. If institution: residence before admissi
F	FULL NAME O	F (If not in hospital	or institution, give street	Mor y low of	BAUTIMORE
e TI	HOSPITAL OR	oddress or locotio	on)	C. CITY OR TOWN (If outside city lin	nits, write RURAL and give township)
٥,	0	1 Home	Ho = prital	MUTIMERE	1-05
C	hure		710 = 700	D. STREET ADDRESS (If rurol, give to	
5. 5	EX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specif	B. DATE OF BIRTH 9. AGE (In lost birthdoy	yeors If Under 1 Yr. If Under 24 Months Doys Hours Mir
		UPATION (Give kind of working life, even if retired)	k 108, KIND OF BUSINESS OR INDL	JSTRY 11. BIRTHPLACE (Stote or foreign Country)	12. CITIZEN OF WHAT COUNTRY?
A	fourse	Ca .		dennessee	7/19
3. 1	FATHER'S NAM	ME		14. MOTHER'S MAIDEN NAME	4, -5, -1.
1	NdEI	RSON GA	PRLANd	ANNIE DUNNA	n Au
	Was Deceased	Ever in U. S. Armed For	rces? 16. SOCIAL	17 INFORALANT	ADDRESS.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, in yes, give nor or den	415-03-839	2 Husband San	ne as alvore)
	18. 1	5-/1		SE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	SE OR CONDITION DI	RECTLY	11/1/	ONSEL AND DEATH
	(This days	LEADING TO DEATH	(A)	Myscardul Infa	nel alug
		not mean the made af asthenia, elc. Il means			
	injury or com	nplication which coused	d death.)		
		ANTECEDENT CAUSES	S (B)		1-9 works 6 6 a wiring train as a succession of a success of a succession of a
	DISEASES C	OR CONDITIONS, if	DUE TO	0	
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	DISEASES (DR CONDITIONS, if e abave cause (A) G CONDITION last.	DUE TO		
NO	DISEASES OF THE STREET OF THE	OR CONDITIONS, if a abave cause (A) CONDITION last.	any, giving stating the (C)		
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ATIO	DISEASES (rise la lh UNDERLYING OTHER SIGNI TO THE D	OR CONDITIONS, if a base cause (A) CONDITION last.	any, giving slating like (C) CONTRIBUTING ATED TO THE IT. NOTITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF Y	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH?
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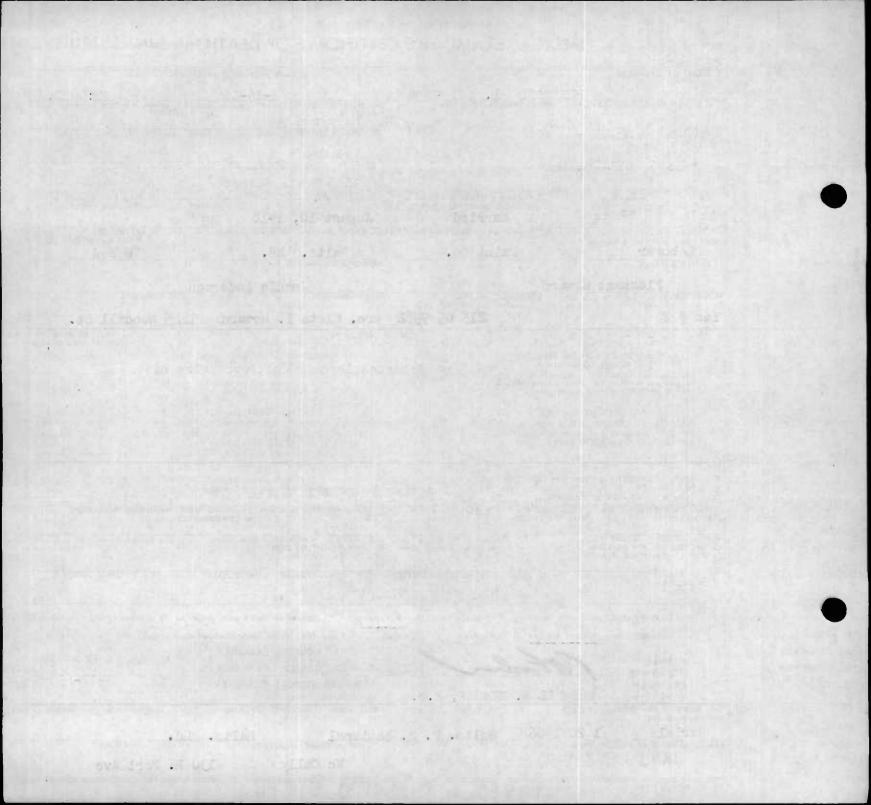
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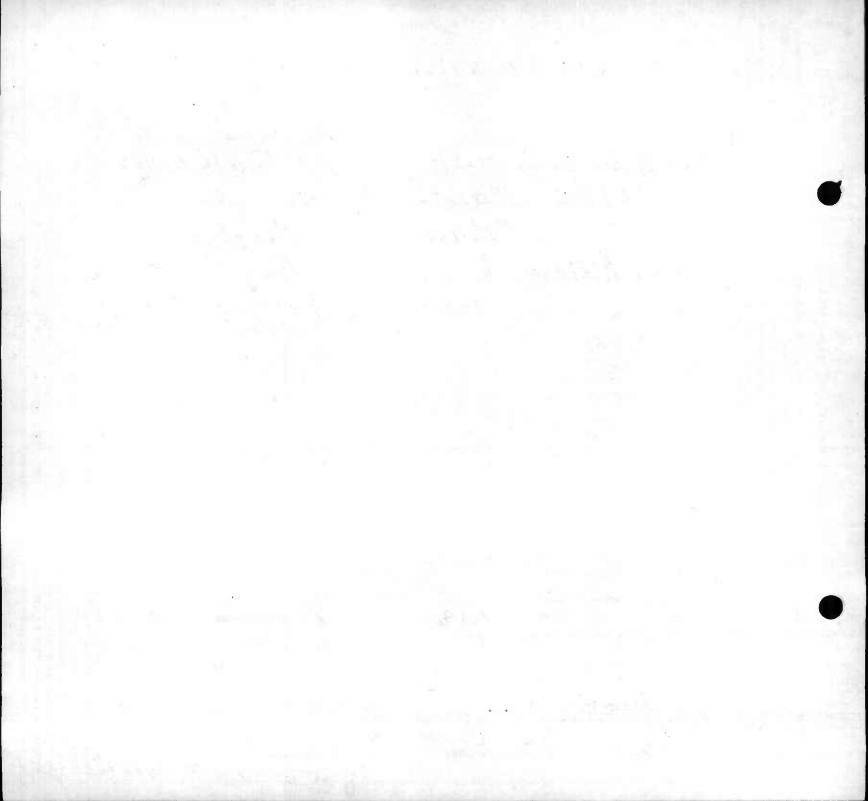
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-	E CASE NO.							
(Ťy	NAME OF DEC					2. DATE AND HO	UR PRONOUNCE	D DEAD
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INS	TITUTION				Baltimo	ore		7400
V	1506	BOYLE STREET			D. STREET ADDR	ESS (If rurol, give	locotion)	
					11	oyle Stree		
5. 9	EX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH		AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hrs Months, Doys, Hours, Min.
-	Male	White	Mai	rried	August 1		47	
		PATION (Give kind of work vorking life, even if retired)		BUSINESS OR INDUSTRY	11. SIRTHPLACE	State or foreign cour	ntry)	12. CITIZEN OF WHAT COUNTRY?
20	Labore		Pair	nt Co.		• Md•		USA
13.	FATHER'S NAM	IE.			14. MOTHER'S MA	AIDEN NAME		
3.6		easant Howard		16, SO CIAL	17. INFORMANT	Jennie And	lerson	ADDRESS
(Yes	s, no or unknown)	(If yes, give wor or dotes		SECURITY NO.	17. INFORMANT			
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	18.	114,002.	2	CAUSE	OF DEATH		A-IEN LE	INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION DIR	ECTLY					
	(This does n	LEADING TO DEATH	dvina e.o	(A) Arter	iosclerot	ic cardiov	ascular d	lisease
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		NTECENDENT CAUSES OR CONDITIONS, IF A		(BI				
	RISE TO TH	E ABOVE CAUSE (A) ST	ATING THE	DUE 10				
z	ONDERCIN	TO CONDITION EAST.		(C)	AAAA#888**********************			
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1	DISEASE OF	R CONDITION CAUSING	IT.	***************************************	· · · · · · · · · · · · · · · · · · ·			
S	19A, DATE OF	OPERATION 198, CONI		WHICH OPERATION	20A. AUTOPSY?		IF YES, WERE FIN ERTIFYING CAUS	IDINGS CONSIDERED
1	21 A. EXTERNA	CAUSE WAS	los p	PLACE OF INJURY (e.g.,	Yes	HERE DID (III :- I	Yes	
EDIC	UNDERLYING UTING CAU	OR CONTRIB-	home etc.)	, form, foctory, street, o	office bldg., INJURY	OCCUR?	solitmore City, giv	e exoct locollon)
Σ	21D TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 2	TE. INJURY OCCURRED	21 F. HO	W DID INJURY O	CCUR?	
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	ACTUAL	· Mr	60	. /		DICAL EXAMIN		DATE SIGNED
	SIGNAT	URE	ne	M.D.		EDICAL EXAMIN	eretten.	1-17-66
	EXAMIN NAME (rype) RUSSEL		SHER, M.D.		EDICAL EXAMI		
	MOVAL (Specify		23	C. NAME of CEMETERY o	r CREMATORY	23D. LOCAT	ION (City,	town, or county) (Stote)
	Burial	1 20 19	66 E	Balto. U. S. N	lational	Bal	to. Md.	
24/	0 10 0 0	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERA			ADDRESS
	JAN	19 1966 R.C	15 E.	Colley M.R	Mc C	ully	130 E.	Fort Ave
VS	151-REV. 1/1/	65	1 0	6 6 11 1	00 5			



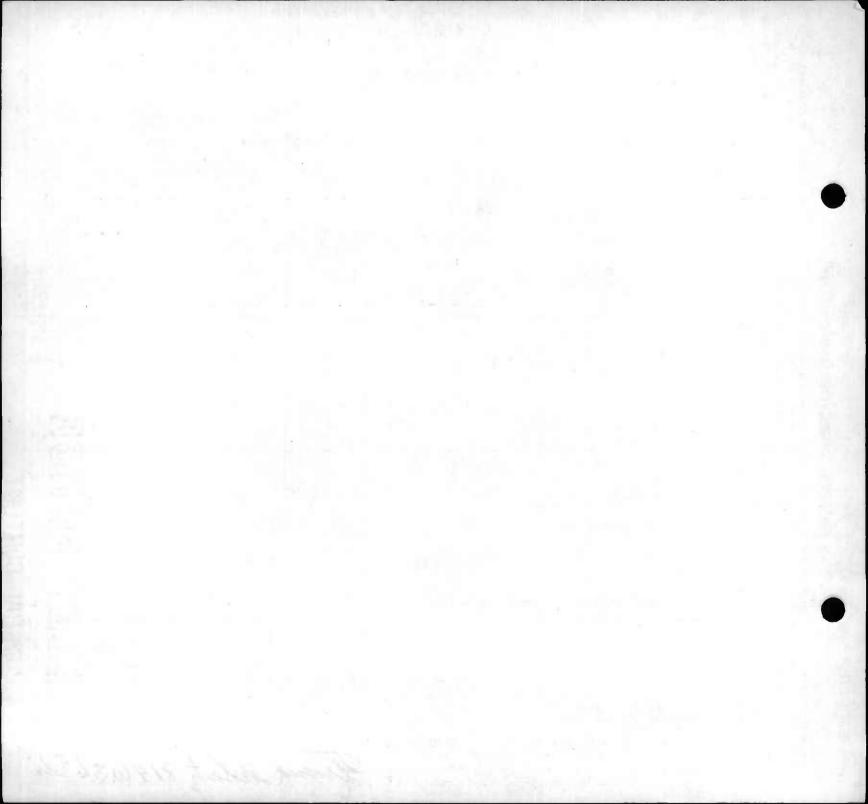
	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 66	CERTIFICA	TE OF DEATH	Registered No	
M.E. CASE NO.	051(11110)		134) 11108/
(Type or Print)	leinsmith.		ary 8th	6 855 1
PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Where d	ecepsed lived. If instit	ution: residence befare admission
FULL NAME OF (If nat in haspital ar i HOSPITAL OR address or location)	nstitutian, give street	C. CITY OF TOWN (Il autside		RAL and give township)
		D. STREET ADDRESS (If ruro)	PE #21	230
South Baltimore G	Eneral Hosp.	108 E.	Gittin	195 St.
6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		AGE (In years I birthday)	Winder 1 Yr. If Under 24 Hrs North s Days Haurs Min.
0%, USUAL OCCUPATION (Give kind of work 10)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sfote or foreign	country)	12. CITIZEN OF
	Retired.	Mars	land.	WHAT COUNTRY?
3. FATHER'S NAME	. 1 /	14. MOTHER'S MAIDEN NAME	11 1	
5. Was Deceased Ever in U. S. Armed Forces	1 th.	17. INFORMANT	Clart	ADDRESS
Yes, no ar unknawn) (If yes, give wor or dotes o	service) SECURITY NO. 216 20 10 71	I am	4-0	IN E
18. 153.2 1		F DEATH	1 074	INTERVAL BETWEEN ONSET AND DEATH
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(This does not mean the mode of dy heart failure, asthenia, etc. It means the		Corturoro	folon	*********************************
injury ar camplication which caused de		01.1.7	- 00	
ANTECEDENT CAUSES	DUE TO	bedring five to	- Chrone	**************************************
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_ 11				
O THE DEATH BUT NOT RELATED				
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFOR	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes at Na) 20	OB. IF YES, WERE FIN	DINGS CONSIDERED
		100		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examines)	21 B. PLACE OF INJURY (e.g., i home, form, loctory, street, o etc.)	ffice bldg., INJURY OCCUR?	(II in Baltimore C	ity, give exact lacotion)
-	Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY	OCCUR?	
(APPROX.)	While At Not Whi Work Al Work	e 🗌		
22. I certify that (this hospital) a		3 muary / 19.	66 10 8 An	John 18, 1966
that if (we) last saw the deceased a		and that i	n (aur) apini6	n death accurred on the da
and haur and from the causes stated	abave. (1) (We) (did) (did nat)	riew the body after death.	100	B. DATE SIGNED
albothossen	Lamade M.D. Att.	ending Med. Stof s. Director Phy		1/8/66
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS		11.01
Abdolhossein Samadi		South Baltimore C		
24A. BURIAL CREMATION, 24B. DATE Specify)	24C. NAME of CEMETERY OF CR	Here 240. LOCA	City,	tawn, ar county) (State)
	B. NAME OF REGISTRAR		Bed To	ADDRESS
JAN 19 1965 (P.O. A.	& Fallowed	the June -,	1300 Te	out lie.
/S 150-REV. 1/1/65	7 11 12 17			



BALTIMORE	CITY	HEALTH	DEPARTMENT

Registered	No.	66	1.1	15	3	9
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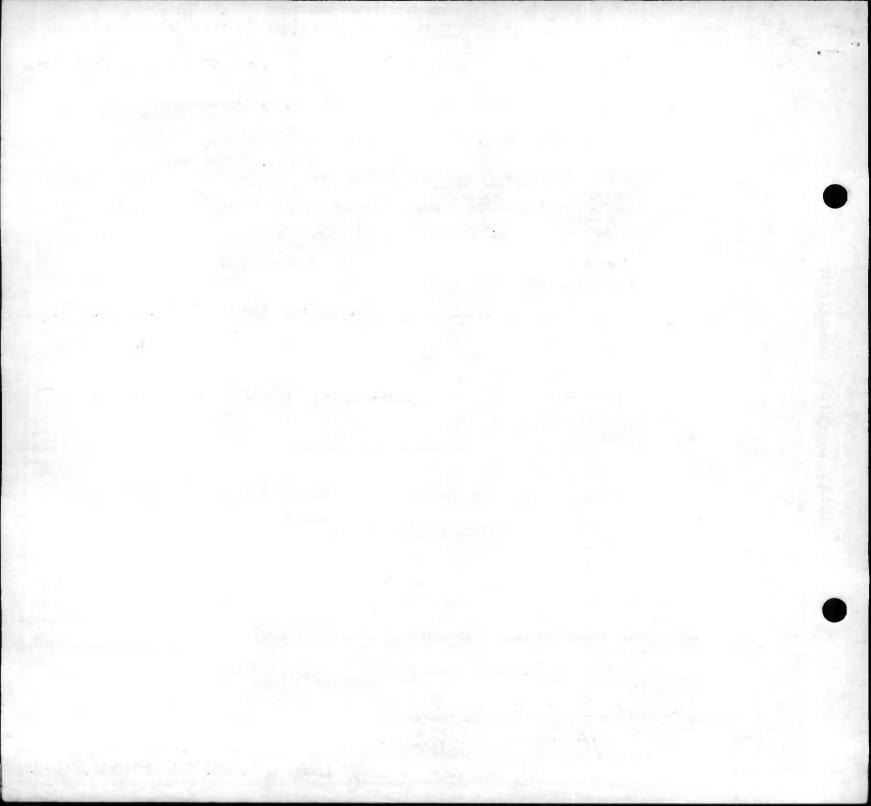
	H NO. CASE NO.	66	11528	CERTIFICA	TE OF DEATH	Registered No.	66 1.0588
1, N	AME OF DEC	EASED			2. DATE AN	D HOUR OF DEATH	0.770
	1	Nettie Ilmstac				5, 1966	6:37 P
F	ULL NAME OF DEA	F (If not in hospital oddress or location	or institution,	give street	A. STATE B. COUN Maryland C. CITY OR TOWN (If out	15-	stitution: residence before odmission URAL ond give township)
2	Si	ani Hospital			Baltimore D. STREET ADDRESS (IF a 2622 W. Cold	urol, give locotion) Spring Lane	
5. 5	F'	6. RACE	WIDOWE	, NEVER MARRIED D, DIVORCED (specify) erated		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min,
		working life, even if retired)	10B, KIND O	F BUŠINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. F	ATHER'S NAA	AE			14. MOTHER'S MAIDEN NAM	ΛE	
	John N	Newton			So	chaeffer	
5. V	Vas Deceased	Ever in U. S. Armed Fare	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS
163	, no or onknown	No No	s or servicer	215-03-3109	Violet Bowen Ro	oute 1, Fink	sburg, Md.
	(This does n	I SE OR CONDITION DIR LEADING TO DEATH of mean the mode of	dying, e.g.,	(A) (A) DUE TO	ASCUD	Larction	INTERVAL BETWEEN ONSET AND DEATH
	injury at com	osthenio, etc. It means uplication which caused ANTECEDENT CAUSES	the diseose, death.)	(B)	ASCUD	V	Years
	rise to the	OR CONDITIONS, if a above couse (A) G CONDITION last.	,				
CATION	TO THE D	FICANT CONDITIONS CA EATH BUT NOT RELA CONDITION CAUSING I	TED TO TH	1E	20 A A 11 CORVO /V N	OOP IS NOT THE	
CERTIFIC	O O	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH?
_	OR CONTRIBU	TWAS UNDERLYING THE CAUSE OF medical examiner)	216 hor etc	ne, lorm, foctory, street, of	or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED					JRY OCCUR?	
	22. I certify that (I) (this haspital) attended the deceased from the 20 19 63 to the 15 19 66, that (I) (we) last saw the deceased alive an 15 19 66 and that in (may) (aur) opinion death accurred on the date						
	ond hour ond from the causes stoted obove. (H) (We) (did) (dtd not) view the body ofter deoth. 23A. SIGNATURE Attending Med. Director Phys. 23C. PHYSTCIAN'S 23D. ADDRESS						
	NAME (T	ERMAN B	RECA	YER M.D.	443	2, 255	57,
	REMOVAL (S	ipecily)	_	AME of CEMETERY or CRE			y, town, or county) (Stote)
	Burial					sburg, Md.	2.2
25A.	JAN 19	1966 Police	25B. NAME	OF REGISTRAR	JANA DIRECTOR	Il Seits 8	14036 St
5 1	50-REV. 1/1/6	55	1 12	4 12 13	0 0 5 6 7	1	



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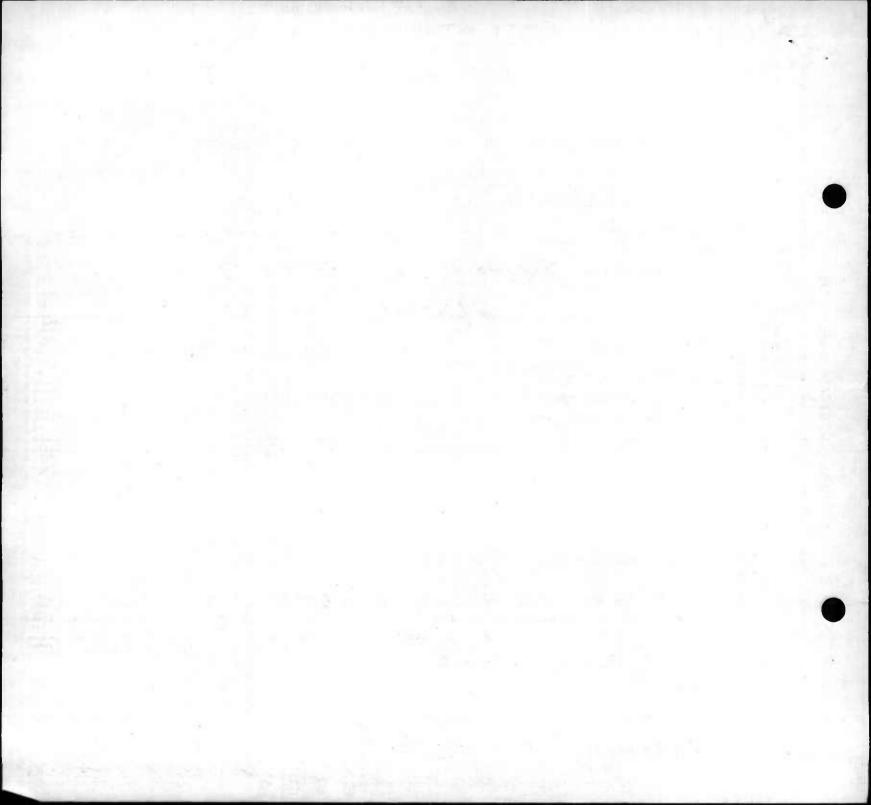
BALTIMORE	CITY	HEALTH	DEPARTMENT

		HEALTH DEPARTMENT		
BIRTH NO. GG 90539	CERTIFICA	TE OF DEATH R	egistered Na.	
M.E. CASE NO.	CERTITICA	TE OF BEATTI	*	10 (10)89
(Type or Print)	D1. 11 =	2. DATE AND HO	OUR OF DEATH	7:00
SIDNEY	DUKE	/-/	15-6	0-3 MEM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	-		eased lived. If i	institution: residence before admission)
		A. STATE B. COUNTY		
FULL NAME OF (If not in hospital ar institu	tion, give street	3706+4++Reger	LIAMABHA	Manuland
HOSPITAL OR oddress or tocotion)	give the	C. CITY OR TOWN (If autside of	city limits, write	RURAL and give township)
INSTITUTION			,	77-19
Singi t	Iospital	Baltimore		
Struct 1	ospecuc		give lacation)	
2.71		3706 W. Ro	gers Ave	nie
5. SEX 6. RACE 7. MAR	RIED, NEVER MARRIED	 	E (In years	
	OWED, DIVORCED (specify)		irthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
Male White	Single.		100	
10A. USUAL OCCUPATION (Give kind of work 10B. KIN		11. BIRTHPLACE (State ar foreign co	untry)	12. CITIZEN OF
done during most of working life, even if retired)				WHAT COUNTRY?
Salesman F	Real Estate	Rhode Island		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Leo Duke		Esther Kle	in	
LEO VAICE		Lower Nee	NI.	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, na arunknown) (If yes, give wor or dotes of serv	security No.			
NO		Mr. Sanford Mervi	5 1301	N. Charles St.
11B 7 5 4 4	CAUSE O	F DEATH	3 1201	INTERVAL BETWEEN
420.1				ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	/2		1	
	(A) (d)	way Thren	were	2-4 Tuza
(This does not mean the mode of dying, heart foilure, osthenia, etc. It means the dis	e.g., DUE TO			
injury or complication which caused deoth.)	3	1 1		1 .//
ANTECEDENT CAUSES	(B) (B)	enary della	10210	6 months
ANTECEDENT CAUSES	DUE TO	enary Sclen		······································
DISEASES OR CONDITIONS, if ony, g	iving			
rise to the obave cause (A) stating	lhe (C)			::::::::::::::::::::::::::::::::::::::
UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.) THE			
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208	IE VEC WERE	EINDINGS CONSIDERED
198. CONDITION WAS PERFORMED		IN	CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
		no		
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimo	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	home, form, factory, street, o	ffice bldg., INJURY OCCUR?		
U	1000			
Q 21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
OF INJURY	While At Not While	e —		
(APPROX)	Work At Work			,
22. I certify that (I) (this hospital) attend	led the deceased from	1/16 10/	6 to 1	113- 1966.
	1	,,		, , -
that (1) (we) last saw the deceased alive	on	19 and that in	(my) (aur) ap	inian death accurred an the date
and haur and fram the causes stated aba-	ve. (1) (Wa) (did) (did not)	view the bady after death.		
23A. SIGNATURE		Tow the bady after addition		23B, DATE SIGNED
23A. SIGNATURE				238. DATE SIGNED
Ysudere K dhe	M.D. Att	ending Med. Stoff Stoff Director Phys.		1/15/16
23C. PHYSICIAN'S		23 D. ADDRESS		1112164
NAME (Type)			h /	, , A
Leadore K. Gros	5 man M.D.	1527 =.	Mont	-4 Aue
24A. BURIAL CREMATION, 24B. DATE 2	C. NAME OF CEMETERY OF CR	EMATORY 24D, LOCAT	ION IC	City, town, or county) (State)
		Z-D, LOCAL	1014	arry, rowing us country) (31016)
REMOVAL (Specify)				
73 - 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Colo I	200	4.	
73 . 1 . 0	Colo I	Cometeny Bal	timore,	
Burial 1/17/1966 25A. DATE REC'D BY HEALTH DEPT. 25B. NA	Bnai Israel (Come to Hy Bal 25C. FUNERAL DIRECTOR	timore,	Maryland
Burial 1/17/1966 25A. DATE REC'D BY HEALTH DEPT. 25B. NA	Colo I	Cemetony Bal 25C. FUNERAL DIRECTOR Sol Leisinson & B.	timore, ros. 601	



VS 150-REV. 1/1/65

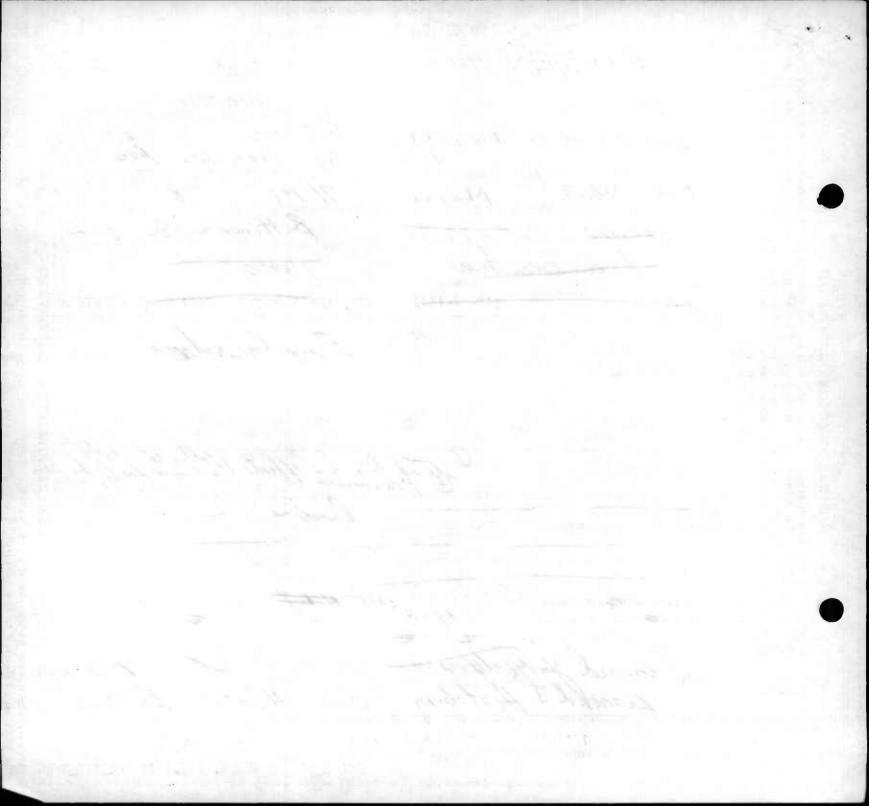
M.E	H NO. 66 U0590	CERTIFICA			Registered No.	: 00590
	AME OF DECEASED OF Print ROTHSCHILD	BERTHAS	ONDHEIM	2. DATE AND F	OUR OF DEATH	345 P M
b	ULL NAME OF (If not in hospital or institution, goddress or lacotion) SIMA HOSPITAL ORDINATION	7	MARYL C. CITY OR TOW	AND	ceased lived. II instituti V. S. A. city limits, write RURA	on: residence befare admission) L ond give tawnship)
	BELVEBERE AT GREEN	SPRING	D. STREET ADDR	-	give location) HEIGHTS	AVE NUE .
5. \$	MALE WIDOWED	NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	05 1051	birthdoy) 60 Mo	Under 1 Yr. If Under 24 Hrs. nths Days Hours Min.
don	HOUSE WIFE. HOV	SEWIFE.	BAL	TIMOR	εξ, MO.	WHAT COUNTRY?
113.	WALTER SONOM		14. MOTHERS M	UNIE A	BERNEY	
15. (Ye:	Nos Deceased Ever in U. S. Armed Forces? In a at unknown) (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO. 216-46-2667	HUSBA	ND - M	ORTON.	72 39 PARK 16047S AVE.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF		TORY	FAILURE	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	E XT	ENSIM	VE ME	TASTASIS	
	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) slating the UNDERLYING CONDITION last.	OUE TO BY	REAST TOPE	RATIV	E BIL.	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			LASTY		
ERTIFIC	194. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED ME	ONE ASI.	20A. AUTOPSY	5 - 1	B. IF YES, WERE FINDS CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) etc.)	PLACE OF INJURY (e.g., ir e, form, factory, street, of	or obout 21 C. WH fice bldg., INJURY	IERE DID OCCUR?	(If in Boltimore City	, give exact location)
MEDI	OF INJURY	INJURY OCCURRED Ie At Not While k At Work		W DID INJURY	OCCUR?	
	22. I certify that (M) (this hospital) attended the that (M) (we) last sow the deceased alive an			TY and that i		death accurred an the date
	ond hour and fram the couses stated abave. # 23A. SIGNATURE Cligital Art	Pape M.D. Atte	nding Ma	ed. Stoff	. DOPPICER.	DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) DV C. CHALAPAT	HI RAD M.O.	BALTI	MORE	MOSPITAL MA	*
244	Burial 1/17/66 1	Baltomore	Helrew	Be 24D. LOCA	thingle	wn, or county) (Stote)
254	JAN 19 1968 (2 Carl 2 And 2	F REGISTRAR	289. FUNERAL	DIRECTOR	100 6010 A	address la



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undefermined cause; (5) Deceased was D.O.A. at a hospital (expendence on the physician who pronounced death was in regular attendance on the deceased prior to death. Such

		BALTIMORE CIT	HEALTH DEPARTMENT	
	TH NO. E. CASE NO. 66 00591	CERTIFICA	TE OF DEATH Registered No. C.C.	0591
1.1	Pe or Pant) BERNSTEIN	1 HARRY	2. DATE AND HOUR OF DEATH	2 10/am
	PLACE OF DEATH IN BALTIMORE MARYLAND	Ition, give street	4. USUAL RESIDENCE (Where deceased lived. If institution: A. STATE B. COUNTY BALTTIY	esidence before admission)
	HOSPITAL OR oddress or location)	RAITINADO	C. CITY OR TOWN (If outside city limits, write RURAL on	d give township)
	SINAI HOSPITAL OF	INC.	D. STREET ADDRESS (1) rurol, give locotion) 1601 Park 149 ts Av	e
5.	MA/E 6. RACE 7. MAI WID	RRIED, NEVER MARRIED QWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years Il Unding Months	Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10 B. KIN the during most of working life, even if retired)	TO OF BUSINESS OR INDUSTRY		ZEN OF AT COUNTRY?
13.	FATHERS NAME	KIEM.	14. MOTHER'S MAIDEN NAME	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of ser	16. SOCIAL vice) SECURITY NO.	17. INFORMANT	ADDRESS
	10	216-09-1343	MRS. IDA BERNSTEIN 7601 PARK H	IEIGHTS AVE
	DISEASE OR CONDITION DIRECTLY	CAUSE	DE DEATH	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)	Pemphysis vulgario	
	(This does not meon the made of dying, hearf failure, asthenia, etc. It meons the dis injury or complication which coused deoth.)	e.g., DUE TO		
	ANTECEDENT CAUSES	(B)		r ma area na derigem na na na derigem manerarea na elementana na deservamenta na de sede de del derida derida de dide de de de
	DISEASES OR CONDITIONS, if ony,			
	rise to the above cause (A) stoling UNDERLYING CONDITION tost.	The (C)	2. 2	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE	Rx & 2 Effects Custingoil for	cie, suglii
ERTIFIC/		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?
AL C	OR CONTRIBUTING CAUSE OF DEATH (notify medical-examined)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Boltimore City, girliffice bldg., INJURY OCCUR?	re exact location)
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY		21F. HOW DED INJURY OCCUR?	
-	(APPROX.)	Work Al Work		
	22. I certify that (11 (this hospital) attended	1/15	19 65 to 1/1	19 66
	that (I) (*** last sow the deceased alive	7	19 66 and that in(my) (See opinion dec	th occurred on the dot
	ond hour and from the couses stated abo	ve. (I) (re) (did) (did not)		TE SIGNED
	Conord &	Criffey M.D. AH	ending Med. Staff	1-14-61
	ESC. HYSICIAN'S NAME (Type) CONQRA J.	Leat 26 erg M.D.	Sinai Hospital Ba	Himore M
24/	REMOVAL (Specify)	4C. NAME OF CEMETERY OF CR		
254	BURIAL 1/14/66 A. DATE REC'D BY HEALTH DEPT. 25B. NA	CHIZUK AMMO	(ARLINGTON) BALTIMORE, MARYLA	ADDRESS
	JAN 19 1966 (2. 0. 5 &	(Calley MA)		REISTERSTOWN R
VS	150-REV. 1/1/65		0 5 7 0	



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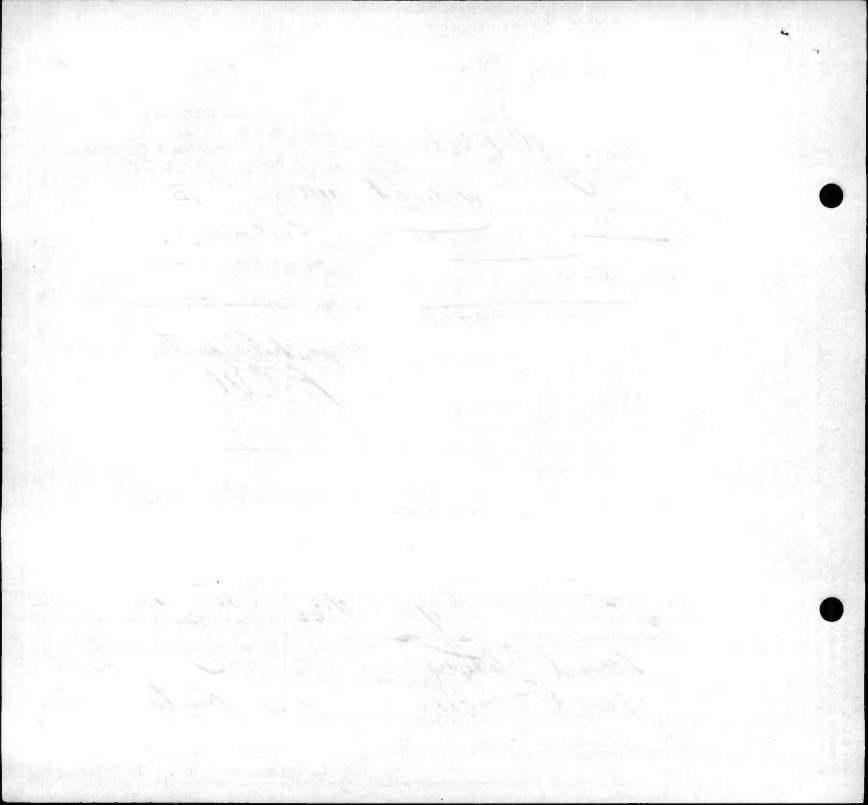
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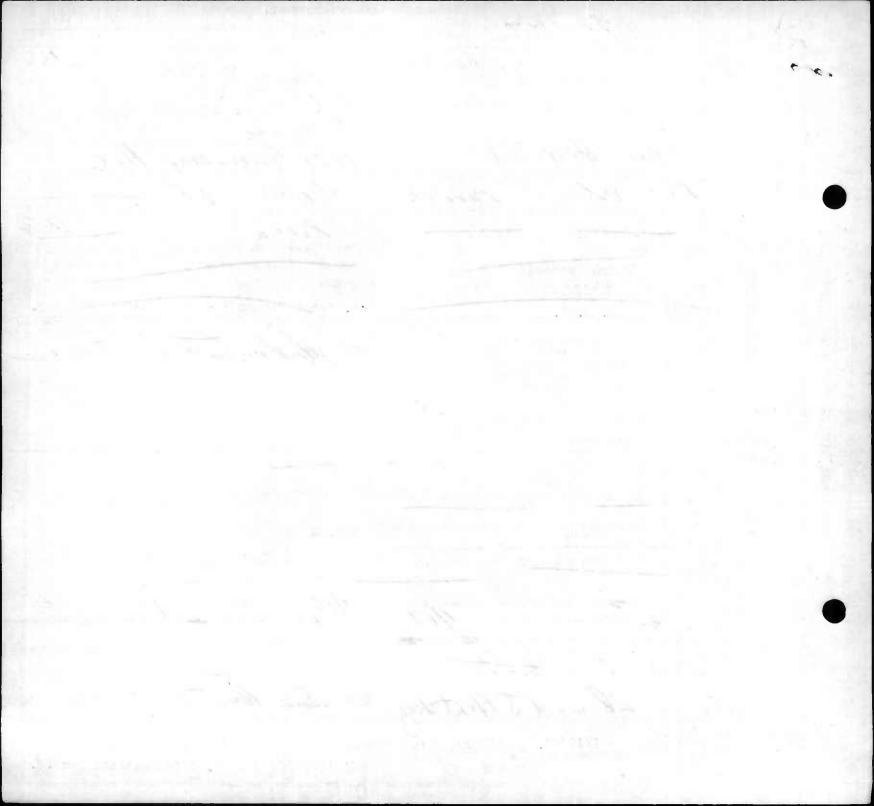
contributing etermined

BALTIMORE CITY HEALTH DEPARTMENT Registered NoSS 111592 ERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYKAND RESIDENCE (Where degeosed fixed. If institution: residence before admission) FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR JOWN (If outside city limits, write RURAL and give township) III moi sinalison & Cloverdale D. STREET ADDRESS Garden Aptz Apt 1202 mad 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys 5. SEX 6. RACE B. DATE OF BIRTH If Under 24 Hrs. WIDOWED, DIVORCED specify Hours dowen 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPY ACE (State or loreign country 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) USA ·more Executive 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Joseph Seidenman
15. Was Deceosed Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dotes of service) Seidenberg Bessie ADDRESS 17. INFORMANT 6. SOCIAL final SECURITY NO. Mrs. Sadie Ginsberg- 3707 Chatham Road 28-1680 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med gocardial LEADING TO DEATH (This does not meon the mode of dying, e.g., embal heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the the remains UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, lorm, loctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING _ CAUSE OF MEDICAL DEATH (notify medical examined) etc.) obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR OF INJURY Not While While ALT (APPROX) Work At Work 22. I certify that (this hospital) attended the deceased from and that in (my) Tous opinion death accurred an the date that (1) (and hour and from the causes stated abave. (1) (#12) (did) (did) view the bady after death. must 23A. SIGNATURE 23B, DATE SIGNED M.D. Attending Med. Phy s. Director approval 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) LOGA 24A. BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY 24B, DATE 24D. LOCATION town, or county) REMOVAL (Specify) 25C. FUNERAL DIRECTOR Maryland Hebrew Friendship Levinson & Bros Inc. 6010 Reisterstown Re VS 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

BALTIMORE CIT	TY HEALTH DEPARTMENT 66 00593
BIRTH NO. CERTIFICA	ATE OF DEATH Registered No.
M.E. CASE NO.	2. DATE AND HOUR OF DEATH
(Type or Print) PEREGOT TIMBRA ham	1/17/66 10 Pm.
3. PLACE OF DEATH IN BALTIMORE MARYLAND	A. STATE B. COUNTY B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR Oddress or location)	C. CITY OR TOWN (II outside city limits, write RURAL and give township)
6 C. 11 1	Paltimore
Sinai Hospital	5039 Kreens brief Ave
5. SEX ALE WITTE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTE done during most of working life, even if retired)	RY 11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Self-Employed Retail	Russia Us4
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Peregoff	Basha ?
15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL (Yes, no ar unknown) (If yes, give war or dates at service) SECURITY NO.	17. INFORMANT ADDRESS
Yes W. W. I.	Mrs. Sarah Peregoff - 5039 Queensberry Ave.
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Mylloid metrolina 3 plans
(A) (This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. II means the disease, injury ar camplication which caused death.)	1 Gens mersgrum - Jenes
ANTECEDENT CAUSES (B) DUE TO	
DISEASES OR CONDITIONS, if any, giving	
rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
19A DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, factory, street,	., in or about 21C. WHERE DID (If in Baltimare City, give exact lacation) office bldg., INJURY OCCUR?
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	hile
22. I certify that the this haspital) attended the deceased fram	
that (I) (last saw the deceased alive an	1966 to 1966, 19 6 and that in(my) (applicant death accurred an the date
and haur and from the causes stated above. (1) (400 (did) (did)	view the bady after death.
23A. SIGNATURE	23B. DATE SIGNED
a condia & respecting	Attending Med. Stoff Phys 7-66
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
24A. BURIAL CREMATION, 124B. DATE 124C, NAME OF CEMETERY OF C	J. Sunar program Warmer, 171
REMOVAL (Specify)	
Burial 1/19/66. Chizuk Amuno	ADDRESS
JAN 19 166 258. NAME OF REGISTRAR	SOL LEVINSON & BROS. 6010 Reisterstown Rd.
VS 150-REV. 1/1/65	0 5 7 9



VS 150-REV. 1/1/65

Such

		E CITY HEALTH DEPARTMENT	00504				
	BIRTH NO. M.E. CASE NO. 66 00594 CERTIFI	ICATE OF DEATH Registered No. S.G.	111309/1				
	T. NAME OF DECEASED (Type or Print) CAROLINE ANN SCHWARTZ	2. DATE AND HOUR OF DEATH	9:00R.				
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	JANUARY 16, 1966					
	FULL NAME OF (If not in hospital or institution, give street	A. STATE B. COUNTY	-41				
. 1	HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RUR.	AL and give township)				
4	ST. AGNES HOSPITAL	BALTIMORE					
6.	WILKENS & CATON AVENUE	D. STREET ADDRESS (If rurol, give locotion)					
de.	BALTIMORE, MARYLAND 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	1000 S. Caton Ave.	Under 1 Yr. If Under 24 Hrs. onths; Doys Hours; Min.				
mad	WIDOWED, DIVORCED (specif	ify) lost birthdoy) M	onths Doys Hours Min.				
Si L	IGA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDI- done during most of working life, even if relified)	USTRY 11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?				
disposition	RETIRED	MARYLAND	USA				
051	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Sp	ANDREW	NORMA THRASHER					
_	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
fina	214.01-34	45 ST. AGNES HOSPITAL RECO	PRDS				
0	4 2011	USE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH				
Pe	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	AYOCARDIAL INFARCTION BYTERIO SCLEROTIC	HAP HRC				
balmed	(This does not mean the mode of dying, e.g., DUET, heart foilure, asthenia, etc. It means the disease,						
npc	injury or camplicotion which coused death.) ANTECEDENT CAUSES (B) CABDIOVASCULAR DISEASE						
e m	DUE TO	TO DISEASE					
910	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the (C)						
ins	UNDERLYING CONDITION last,						
remains	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
re	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINI IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?				
before	U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY	(le.g., in or obout 21 C. WHERE DID (If in Boltimore Ci	ty, give exoct location)				
pet	OR CONTRIBUTING CAUSE OF home, form, foctory, street.	reet, office bldg., INJURY OCCUR?					
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?					
ained	≥ While At No	ot While					
obt	22. I certify that ((this hospital) attended the deceased fram	1-15 19 66 10	-16 1966				
pe	that XIX(we) lost saw the deceased olive on 1-1		n death occurred on the date				
151	and hour ond from the causes stated obave. (M) (We) (did) (Md)						
E	23A, SIGNATURE M.D	Attending Med. Stoff	B. DATE SIGNED				
0	23C. PHYSICIAN'S	Phys. Director Phys. 23D. ADDRESS	116/60				
approval must	NAME (Type)	M.D. ST. AGNES HOSPITAL					
db	24A. BURIAL CREMATION, 24B. DATE / 24C. NAME OF CEMETERY	OF CREMATORY 24D OCATION (City)	lown, or county) (Stote)				
	Junia 2 120/1966 1 10kg (10	55 Com Kokkelfoli Bo	seto mo				
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	/ ADDASS				
}	AMI TO 1200 OF CATOL & STANDARD	Mongo formy he le	00/tolller I				

The State of the S

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shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

deceased prior to death); and (6) No physician was in regular attendance on the deceased pri written approval must be obtained before the remains are embalmed or final disposition is made.

was D.O.A. at a hospital (except where the physician who pronounced

Such

death.

0

prior

was in regular attendance on the

death

and

		BALTIMORE CITY	HEALTH DEPARTMENT	Registered No.	00595
BIRTH NO.	66 0059	5 CERTIFICA	TE OF DEATH	Registered No.	(10.3.70)
M.E. CASE NO.	00 000			HOUR OF DEATH	
(Type or Print) Willi	am P.	Grelck		ry 16, 1966	100.
3. PLACE OF DEATH IN BALTIM		at oxor	4. USUAL RESIDENCE (Where	deceased lived. If inst	itution: residence before odmission
			A. STATE B. COUNT	Y	8-17
	hospitol ar institution location)	on, give street	Maryland		0-00
INSTITUTION	or loconon)		C. CITY OR TOWN (If outsi	ide city limits, write RU	RAL ond give township)
Kenesaw N	ursing Hon	10	Baltimore		
			D. STREET ADDRESS (If ro	rol, give locotion) e Avenue 7	,
Baltimore	yn Avenue Marylan	21216			
5. SEX 6. RACE	/. MARK	WED, DIVORCED (specify)		AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min,
Male White		Widowed	April 20, 1873	92	
10A. USUAL OCCUPATION (Give k		OF BUSINESS OR INDUSTRY		n country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even		emist			WHAT COUNTRY?
Retired	CI	GUIT 2 C	14. MOTHER'S MAIDEN NAM	E	
13. FATHER'S NAME			14. MUINERS MAIDEN NAM	· C	
_			-		
15. Was Deceased Ever in U. S. A (Yes, no or unknown) (If yes, give w	rmed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
trestile of clicino with the yes, give w	01 01 00103 01 301110	271-18-1667	Home Records		
18. // 20 3 1		CAUSE O			INTERVAL BETWEEN
H2010	TOU DISEASE	CAUSE O	, DEATH	0	ONSET AND DEATH
DISEASE OR CONDIT			Monday do.	4 110000	
(This does not meen the	mode of dying,	e.g., DUE TO	heart disea		1 gases
heart failure, asthenia, etc.	It means the disea		reant disea		
		(B)			
ANTECEDENT		DUE TO			
DISEASES OR CONDITIO		· ·			
UNDERLYING CONDITION		the (C)			***************************************
11					
OTHER SIGNIFICANT COND	TIONS CONTRIBU	TING			
TO THE DEATH BUT NO DISEASE OR CONDITION C.	OT RELATED TO				
19A. DATE OF OPERATION	198. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED
HE C	WAS PERFORMED		Mx	IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS	RLYING	21B. PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUS	E OF	home, form, factory, street, or	ffice bldg., INJURY OCCUR?		
0					
OF INJURY (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED While At Not While	21F. HOW DID INJU	RY OCCUR?	
(APPROX)		Work At Work	e L.		
22. I certify that (I) (shis	baspital) ottende	d the deceased from	6/3	65 10 /	116 1966
that (I) (we) lost sow the		1/11			ian death occurred on the da
		/		(), (,	an area of the de
23A. SIGNANURE	ses stoted opove	o. (1) (Wa) (did) (did-not) \	new the body diter death.	1	23B. DATE SIGNED
23h. SIGHAIDRE	a (1):	1 4 5 44	ending Med. S	itoff	ZSB. DATE SIGNED
I dellero	the Kel	M.D. Atte	s. Director	Phys.	1/16/60
23 C. PHYSICIAN'S NAME (Type)	1		23D. ADDRESS	1 -	- 0
Robert	A. K	etter M.D.	60h Edwar	San aux	- 28
	DATE 240	NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION (City	, town, or county) (State)
REMOVAL (Specify)				41 th	

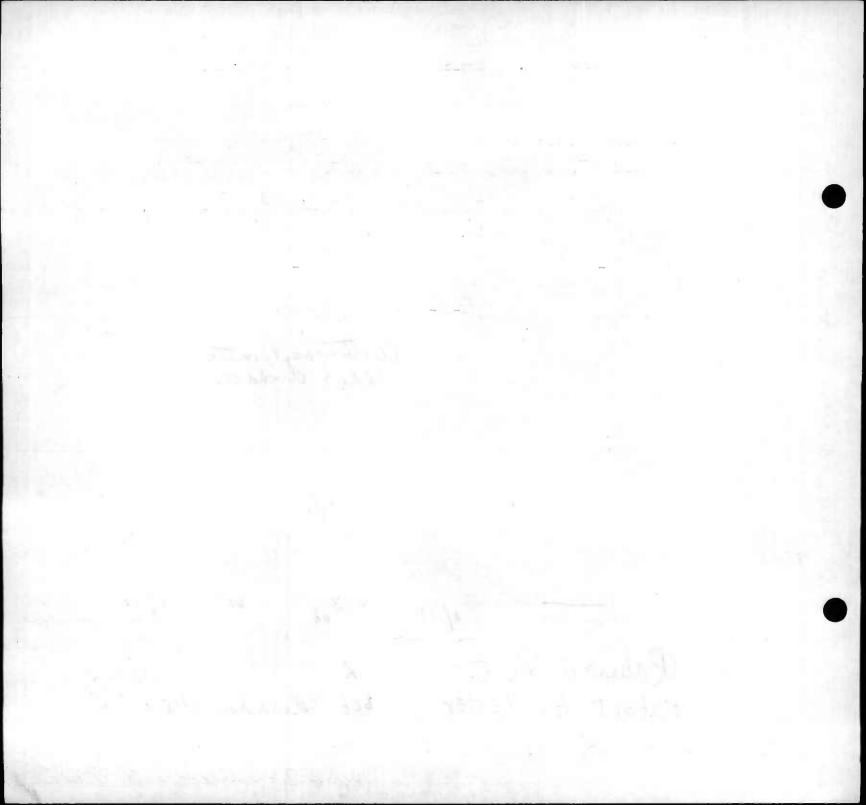
1/20/1966 Loudon Park Cemetery Burial 25A. DATE REC'D BY HEALTH DEPT.

Baltimore, Maryland

ADDRESS

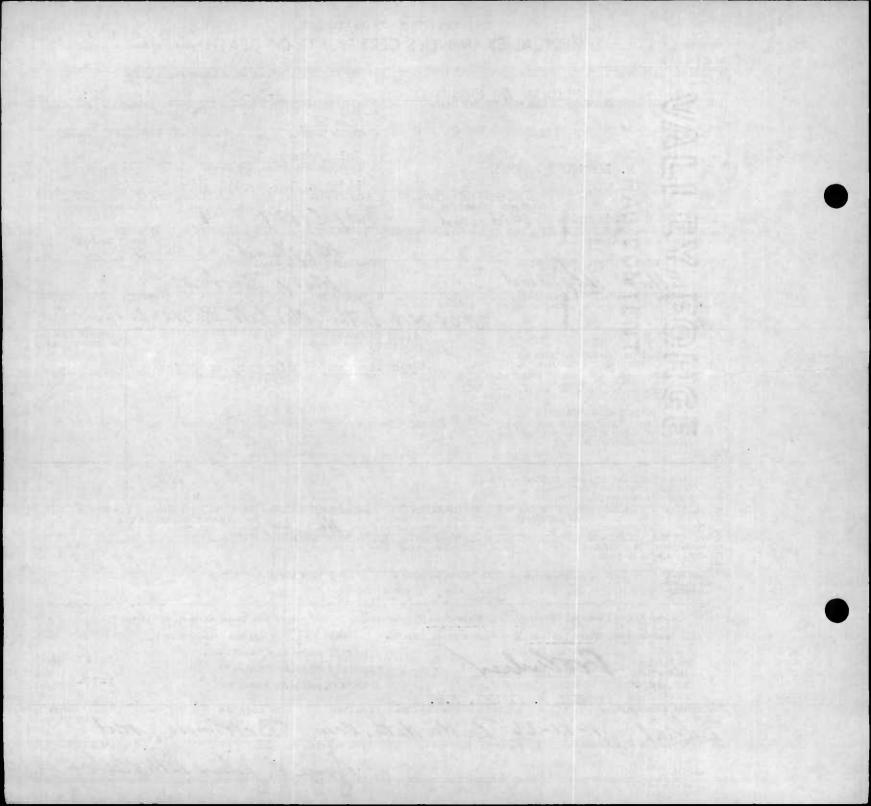
258. NAME OF REGISTRAR VS 150-REV. 1/1/65

25C. FUNERAL DIRECTOR



1		
M	10	11
11/-	In a	4
. 1	60	1

BIRTH NO. 65 MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
MILDRED // MARSHALL	1-16-66 12:15 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside carporote limits, write RURAL and give township)
HOSPITAL OR ADDRESS OR LOCATIONI	A) N
1100 M TOMOLOOD AVENUE	Baltimore D. STREET ADDRESS (If rurol, give ladgeton)
1109 N. LONGWOOD AVENUE	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	1109 N. Longwood Avenue 21216 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs.)
WIDOWED, DIVORCED(specify)	Till I last birthday) Manths, Days, Haurs, Min.
Female Colored Widowed	YII. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working lite, even if retired)	WHAT COUNTRY?
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elliot Haywood	
	Mary Boston 17. INFORMANT ADDRESS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) If yes, give wor or dotes of service) SECURITY NO.	Luther Marshall JR. 1109 Long wood St.
No 217-05-7418	Luther Marshall St. 1109 Long wood or.
18. CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (A) Hype	rtensive cardiovascular disease
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
mility or complication which coosed decinal	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST, (C)	
S OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	열면 맛있다.
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	NO
UNDERLYING ☐ OR CONTRIB- hame, form, foctory, street,	in ar obout 21C. WHERE DID (If in Baltimore City, give exact location) office bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.	
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT MOT	WHILE WHILE
22.	
	stopsy and that an this basis, death In my apinian
resulted fram: Natural causes X Accident Suicid	de Homicide Undetermined manner
ACTUAL BOOK	CHIEF MEDICAL EXAMINER X DATE SIGNED
SIGNATURE TO MEN M.C	ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 1-17-66
NAME (Type) RUSSELL S. FISHER, M.D. 23A. BURIAL CREMATION, 238, DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or caunty) (State)
Burial 1-21-66 Balto, Na.	The Cem. Daltimore, Md.
24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
JAN 19 1966 An A 0 7 0	General Kelson 1348 MCelkoun St.

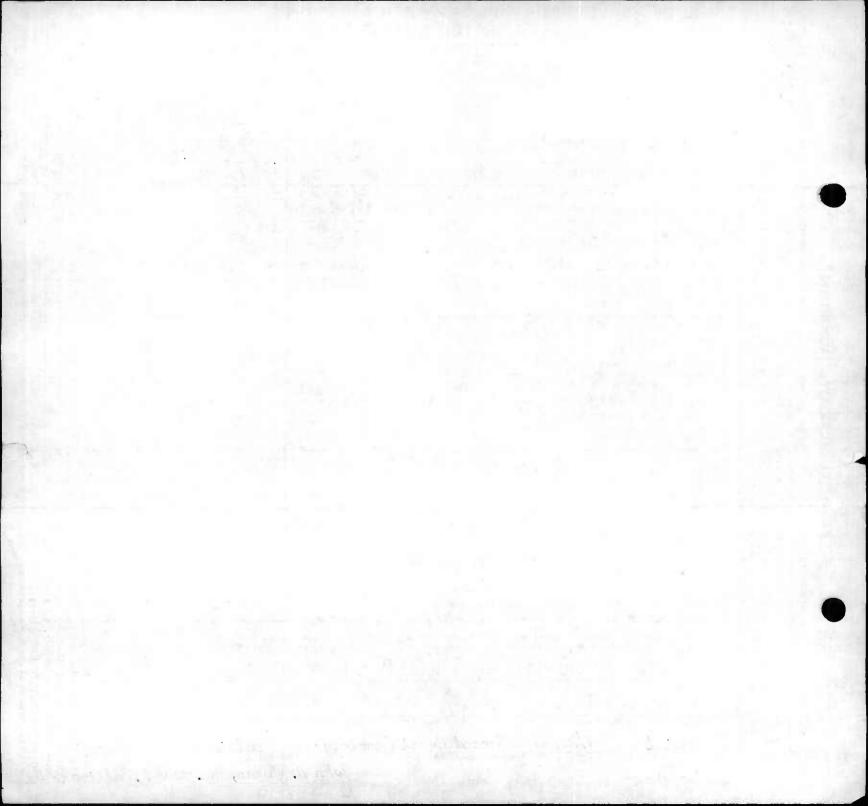


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

7 P	Pe or Print)		DOL	LENGER	ATE OF DEATH	PIG 6	620
3. P	PLACE OF DEA	TH IN BALTIMOR			4. USUAL RESIDENCE I When	e deceased lived, If in	nstitution: residence before odmi
					M. STATE B. COUN	TY	1-15
- 1	FULL NAME OF HOSPITAL OR INSTITUTION	address ar	location)	ution, give street	C. CITY OR TOWN IIf out	side city limits, write l	RURAL and give township)
7		04. 11			BALTIMOR		
	MER	CY HO	0 3 K.		D. STREET ADDRESS (IF	rurol, give lacation)	
. S	S EX	6. RACE	7. MA	RRIED. NEVER MARRIED		9. AGE (In years	If Under 1 Yr., If Under 2
•	F	w	N	nami d	2/15/23	last birthday)	Months Oays Haurs A
		IPATION (Give kind vorking life, even if r		ND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLA CE State or forei		12. CITIZEN OF WHAT COUNTRY?
	house				Baltimo		
3.	FATHER'S NAM		LOT 1 TO	T-A	14. MOTHER'S MAIDEN NAM		0.00
		EW J.		EI	JOSEPHINE	CORCO	KAO
5. Yes	Was Deceased s, na ai unknawn)	(If yes, give war	ned Farces? or dates of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	18. 153	1 7.		CAUSE	OF DEATH		INTERVAL BETWEEN
		E OR CONDITION TO D			marka maria	C: 0	
		of mean the mo		e.g., DUE TO		~~~~	
		osthenia, etc. II plication which o		sease,	0		
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	A	NTECEDENT CA	AUSES	(8) DUE TO	a of cloh	**************************************	
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TION	DISEASES Orise to the UNDERLYING	R CONDITIONS obove couse CONDITION to	S, if ony, (s) (A) stoting ost. ONS CONTRIB	giving (C)	•		
ICATION	DISEASES Orise to the UNDERLYING OTHER SIGNIT TO THE DE OISEASE OR	R CONDITIONS obove couse CONDITION to	S, if ony, so (A) stoting ost. ONS CONTRIB T RELATED T. SING IT. B. CONDITION	giving the (C)	•) 208. IF YES, WERE (FINDINGS CONSIDERED
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CAL CERTIFIC	OTHER SIGNII TO THE DE OISEASE OR	R CONDITIONS obove couse CONDITION to FICANT CONDITIC EATH BUT NOT CONDITION CAU OPERATION 198	(A) stoting ost. ONS CONTRIBE FRELATED TOUSING IT. B. CONDITION AS PERFORMED OF	giving the (C)	20 A. AUTOPSY? (Yes ar No	20B, IF YES, WERE IN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH?
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MEDICAL CERTIFIC	DISEASES On ise to the UNDERLYING OTHER SIGNIT TO THE DE OISEASE OR OISEASE OR OR ONTRIBUDEATH (notify) 21A. ACCIDEN OR CONTRIBUDEATH (notify) 21O. TIME OF INJURY (APPROX.) 22. I certify that (I) () () () () () () () () ()	R CONDITIONS obove couse CONDITION to FICANT CONDITION FICANT CONDITION CATH BUT NOT CONDITION CAU OPERATION IT WAS UNDERLY TING CAUSE C medical examiner) (Manth) IDay) that (this ho last saw the de from the cause RE COLOR OF CAUSE O	ONS CONTRIBUTE OF THE CONDITION AS PERFORMED OF THE CONDITION AS PERFORMED OF THE CONDITION	giving the (C) SUTING O THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, toim, foctory, street, cetc.) 21E. tNJURY OCCURRED While At Not White At Work ded the deceased fram ve. (We) (did) (did) M.O. Att Ph.	20A. AUTOPSY? (Yes ar No in ar about 21C. WHERE DID office bldg., tNJURY OCCUR? 21F. HOW DID INJU (2) and the view the bady after death. tending Med. pirector [] 23D. ADDRESS	URY OCCUR? 1 in (my) (api	FINDINGS CONSIDERED USES OF DEATH? e City, give exact lacotion) 19 nion death accurred an the
MEDICAL CERTIFIC	DISEASES On ise to the UNDERLYING OTHER SIGNIT TO THE DE OISEASE OR OISEASE OR OISEASE OR OISEASE OR OR CONTRIBUDEATH (notify) 21A. ACCIDEN OR CONTRIBUDEATH (notify) 21O. TIME OF INJURY (APPROX.) 22. I certify that (I) (I) (I) (I) (II) (II) (II) (II) (I	R CONDITIONS obove couse condition to FICANT CONDITION F	ONS CONTRIBUTED TO SING IT. B. CONDITION AS PERFORMED TYING OF CYCOR I Hauri	giving the (C) SUTING O THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, toim, foctory, street, cetc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceased from	in or about 21C. WHERE DID office bldg., tNJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 6 and the view the bady after death. tending Med. Director	URY OCCUR?	FINDINGS CONSIDERED USES OF DEATH? e City, give exact lacotion) 19 nion death accurred an the
MEDICAL CERTIFIC	DISEASES On ise to the UNDERLYING OTHER SIGNIT TO THE DE OISEASE OR OISEASE OR OR ONTRIBUDEATH (notify) 21A. ACCIDEN OR CONTRIBUDEATH (notify) 21O. TIME OF INJURY (APPROX.) 22. I certify that (I) () () () () () () () () ()	R CONDITIONS obove couse condition to FICANT CONDITION FICANT CONDITION CONDITION CAU OPERATION 198 W/ IT WAS UNDERLY TING CAUSE C medical examiner) (Manth) IDay) that (this ho last saw the de from the cause RE RE RE RE RE RE RATION, 24B, DA PACTION, 2	S, if ony, so (A) stoting ost. ONS CONTRIBET RELATED TO ISING IT. B. CONDITION AS PERFORMED (Year) Hours OSSPITAL OF STATE OF STATE OSSPITAL OF STATE ATE 2	giving the (C) SUTING O THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., hame, tourn, foctory, street, cetc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceased from	in ar about 21C, WHERE DID office bldg., thy URY OCCUR? 21F. HOW DID INJURY OCCUR?	URY OCCUR? Stoff (my) (SP 1 7	FINDINGS CONSIDERED USES OF DEATH? e City, give exact lacotion) 19 nion death accurred an the
WEDICAL CERTIFIC	DISEASES OF SISSE TO THE DESCRIPTION OF THE DESCRIPTION OF CONTRIBUTION OF CON	R CONDITIONS obove couse condition to FICANT CONDITION FICANT CONDITION CONDITION CAU OPERATION 198 W/ IT WAS UNDERLY TING CAUSE C medical examiner) (Manth) IDay) that (this ho last saw the de from the cause RE RE RE RE RE RE RATION, 24B, DA PACTION, 2	ONS CONTRIBUTION AS PERFORMED (Year) Hauri (Year) Hauri (Year) Contribution (Year)	giving the (C) SUTING O THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, toim, foctory, street, cetc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceased from	20A. AUTOPSY? (Yes ar No in ar about 21C. WHERE DID office bldg., tNJURY OCCUR? 21F. HOW DID INJ ile 22F. HOW DID	DEATION ICE	FINDINGS CONSIDERED USES OF DEATH? e City, give exact lacotion) 19 nion death accurred an the



(4) Undetermined cause; (5) Deceased

and of death

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Registered	Na.	1 3	1:	00	9	C

befare admission)

If Under 24 Hrs.

21224

hours

M	U-			BALTIMORE CITY	HEALTH DEPARTMENT		
BRT	H NO.	66 0	0538	CERTIFICA	TE OF DEATH	Registered Na.	8 110598
	L CASE NO.						6) (76) 3470
	e or Print)	10 + "	RTIN K.	NILSSON	2. DATE	AND HOUR OF DEATH	. 1 0
	,	Marlin	10.1	4022	1-	1-66 8	1
3. F	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		A. STATE B. COL		stitutian: residence befare admis
	ULL NAME O	F (If not in haspital	ar institution	ours shoot	M		-173
F	OSPITAL OR	address or location		give sileer	C. CITT OR TOWN (IF	outside city limits, write	RURAL and give township)
. '	NOITUTITZM	Baltimore	City H	lospitals	Baltimore		
1		4940 Easte				If rural, give location)	
1		Baltimore,			512 North F		21205
5. S	FY			NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24
	Male	White	Weve	rMarried	2-11-1888	last birthday) 77	Months Doys Hours Mi
			108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
	e during most of v Retired	working life, even il retired)	Bethle	hem Steel	Sweden		U.S.A.
	FATHER'S NAM	AF			14. MOTHER'S MAIDEN N	AMF	
			ilsson			Carli	na
Ţσ							
15. (Yes	Wos Deceased	Ever in U. S. Armed For Off yes, give war or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	,,,,,		216-10-4717	Records: BCH-	4940 Easte	rn Avenue 212
	1B. // >/	0.7. 1		CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION DIE	RECTLY		*		ONSET AND DEATH
		LEADING TO DEATH		M.	vacardial	Infarction	- Chan
		al mean the made of			X.4.3x.3x.1Q114.113x.11		
		asthenia, etc. It means					
		ANTECEDENT CAUSES	oodii.,	(B) (X	rterioscles	2120	Manx Yea
				DUE TO		0 0 0 0 W 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		OR CONDITIONS, if		4.00			
		abave cause (A) CONDITION last.	siding the	(C)		- 0-0	= ===0······
		- 11					
z	OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTIN	G C			b
ATIO	TO THE D	EATH BUT NOT RELA	TED TO TH	ELICT	21264		moux 1
ICA	19A. DATE OF	OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE I	FINDINGS CONSIDERED
198. CONDITION FOR WE WAS PERFORMED					Yes	IN CERTIFYING CA	YES
AL C	OR CONTRIBU	NT WAS UNDERLYING TING CAUSE OF	21 B hom	ne, lorm, factory, street, of	frice bldg., INJURY OCCUR?	(If in Boltimore	: City, give exact locotion)
DIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F, HOW DID II	HILBY OCCUPY	
ME	OF INJURY	Trouble (160)		ile At Not Whil		TOOK! OCCOR:	
-	(APPROX.)		Wa				
	22. I certify	that (1) (this hospital) ottended t	he deceased from	1-14	19 66 to	1 - 17 19 6
		lost sow the decease		1 1100	. //	that in (mw) (our) ani	nion death accurred on the

must be obtained before the remains are embalmed or final disposition is made. assistant if death IMPORTANT eath attendance or his A So. of fracture FUNERAL DIRECTOR: the chief medical examiner examiner. No physician was in regular who 3 physician medical the body was released to the hospital by 5 (except where any nature; certificate must be approved by 9 pup : o death) at a hospital shows: (1) An accident deceased prior to written approval

D.O.A.

Mas

and hour and from the causes stated above. (1) (We) (did) (dtd-agt) view the body after death. 23A. SIGNATURE

Sacred Heart

Thomas	Zine
3C.PHYSICIAN'S	0

1-20-1966

Attending Phys. M.D. 23D. ADDRESS Med. Director Staff Staff Phy s.

NAME (Thomas Zizic 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)
Burial 1-20-

24C. NAME of CEMETERY of CREMATORY

M.D.4940 Eastern Avenue, Baltimore, Maryland 24D. LOCATION (City, town, or county) Baltimore County, Maryland

258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT.

25C. FUNERAL DIRECTOR Lilly & Zeiler Inc.

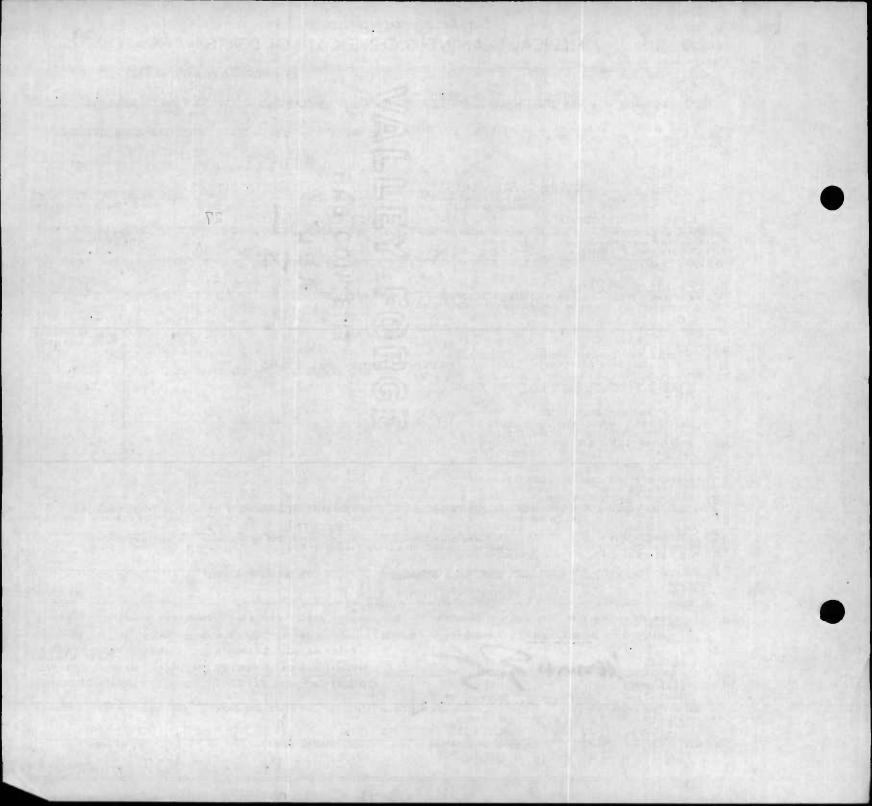
ADDRESS 1901 Easterm Ave.

23B. DATE SIGNED

VS 150-REV. 1/1/65

					BALTIMORE CITY HEAD	TH DEPARTMENT			0	~~~
BIR	тн но.	5 00	MEDI	CAL EX	(AMINER'S C	ERTIFICATE O	F DEA	TH Register	ed No	<u> </u>
	E CASE NO.									
1.	NAME OF DE	CEASED				2. DATE	AND HOU	IR PRONOUNCE	D DEAD	
Calvin Wallace								1/14/	56	18:17 а. м.
3. 1	LACE IN BALT	TIMORE, MA			JNCED DEAD	4. USUAL RESIDENCE (WI	here deceos	ed lived. If insti-	lution: res	
						A. STATE Mary]	land	8. COU	NIT	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)						C. CITY OR TOWN (II or		rote limits, write.	RURAL	and give township)
INSTITUTION ADDRESS OR LOCATION)						Baltin	m o 24 o	1	6/-	1
G						D. STREET ADDRESS (II		cotion)	-1	
7										
-	ev	1/ 04.00	Provide	ent Hosp			resstma		111 11 1	3 V II II - 04 II
5. 5	EX	6. RACE			NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	los	AGE (In years t birthday)		Pr 1 Yr. II Under 24 Hrs. Doys : Hours : Min.
	male	col	ored		ngle	Aug 26, 193	8	27		
				108. KIND O	BUSINESS OR INDUSTR	11. BIRTHPLACE (State or f	foreign count	try)	12. CITIZ	
	eliver			Groce	v Store	Baltimore,	Mary	rland	WHA	U.S.A
13.	FATHER'S NAM		IL	191000	3 30010	14. MOTHER'S MAIDEN N		2002200		
			-			771 - TF TO-				
3.5	Reube	n Wal	lace	522255	16. SO CIAL	Eva V. Da	avenpo	ort	ADDRES	
	, no or unknown				SECURITY NO.					
	No					Mrs. Claude	ette E	Britt 2	921	Rockrose Am
-	18.	Part			CAUSI	OF DEATH		un Ultima	7000	INTERVAL BETWEEN
	511	8 8		Warmer of the Control						ONSET AND DEATH
	DISEA	SE OR CO	NDITION DI	RECTLY	Pleura	l empyema, righ	ht			
	(This does		the mode of		DUE TO	L Chipy Chia, 116			•••••	•••••••••••
	heart lailure	, osthenio, o	etc. It meons	the disease,	552.5					1971-147-172
			ENT CAUSE		(B)					
	DISEASES RISE TO TH	OR COND	ITIONS, IF A	NY, GIVING	DUE TO					
			ITION LAST.							
Z					(C)					
CERTIFICATION			II							
0			CONDITIONS UT NOT REL							
三			ON CAUSING						•••••••••••••••••••••••••••••••••••••••	
ER	19A. DATE OF	PERATIO	N 19B, CON WAS PERI		WHICH OPERATION	20A. AUTOPSY? (Yes or				
0	2		WAS PERI	OKMED		partial		RTIFYING CAUS YES	ES OF D	EAIN:
₹	21 A. EXTERNA			218.	PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DI	ID (If in Bo	oltimore City, giv	e exoct l	location)
EDIC	UNDERLYING UTING CAU	ISE OF DEA	RIB-	etc.)	, lorm, toctory, street,	olfice bidg., INJURY OCCUR	R?			
3										
_	21D TIME OF INJURY	(Month)	(Doy) (Yeor) (Hour) 2	TE. INJURY OCCURRED	21 F. HOW DID	INJURY OC	CUR?		
	(APPROX.)				WHILE AT NOT	WHILE				
	22.			(11.)		rtial				
	I cer	tify that I	held on I	nquiry 🔲	Inspection Au	topsy X and that or	n this bosi	is, deoth In m	y opinio	on
	resu	Ited from:	Natural cou	uses X	Accident Suicid	e Homicide	Undete	rmined monne	r	
1		,			7/-	CHIEF MEDICAL	EXAMIN	ER		
	ACTUA		22201	1.5	- /-					DATE SIGNED
	SIGNAT		ivusi	· gn	M.D	ASSISTANT MEDICAL			1	/14/66
	EXAMIN			/		ASSOCIATE MEDICAL	L EXAMIN	IER	1	./ 14/00
22.4	NAME (Werner	U. Sp:	itz, M.D.	6051445067	10.100151	011		(6)
RE/	BURIAL CRE	y)		110-171-0	C. NAME OF CEMETERY	OF CREMATORY 23	D. LOCATIO	ON (City,	town, or	county) (Stote)
	Buria]		1/18/	66 N	Tount Aubur	n Cem	Balt:	imore,	Marv	land
24/	A. DATE REC'D	BY HEALTI	, ,		OF REGISTRAR	24C. FUNERAL DIREC			- 4	ADDRESS
		9 1966			Resulted 1			70		
	0/111 1	0 1000		1 400 1		Herbert E	. Nut	tter 30	35 W	. North Ave.

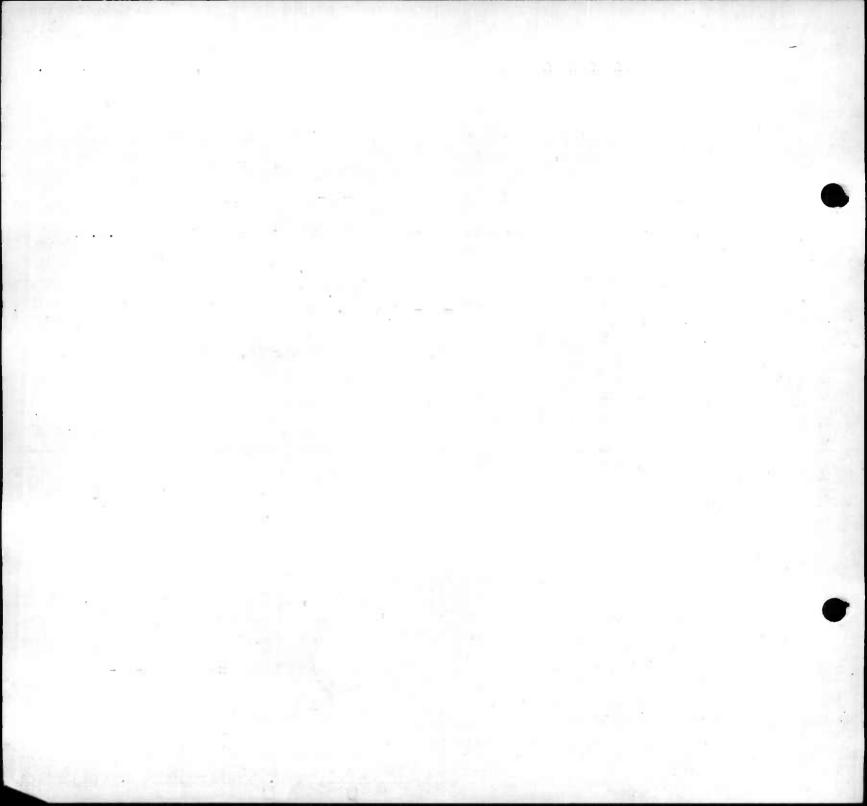
9660200500 VS 151-REV. 1/1/65



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/65

		BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO.	(6) 1,175.	CERTIFICA	ATE OF DEATH	Registered No.	66 00500
1. NAME OF DE	CEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print)	Lillian Ti		Janua	ary 15, 196	66 10:25 P. M. stitutian: residence befare odmissian)
	EATH IN BALTIMORE, MA		A. STATE B. COUNT	e deceosed lived. If in IY	stitutian: residence befare odmissian)
HOSPITAL OR	d oddress or location	ar institution, give street n) lospital		side city limits, write l	RURAL ond give township)
bG .	1514 Divisi	on Street	Baltimore D. STREET ADDRESS (If n	utal, give location)	
1	Baltimore,	Maryland	2103 Callow		
5. sex Female	6. RACE Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single	B. DATE OF BIRTH	ost birthday)	II Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
10A. USUAL OC	CUPATION (Give kind of world	108. KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF
Domest	of warking life, even if retired)	Private Family	Virginia (No-	ttaway)	U.S.A.
13. FATHERS NA	AME		14. MOTHER'S MAIDEN NAM	W.	
1870	verly Misds	ale	Mary E. Lee		
15. Was Decease (Yes, na ar unknav	AVERLY TISDS ed Ever in U. S. Armed Far wn) of yes, give wor or dote	res of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANI Mrs. Lillian	n Dawson	ADDRESS
		218-32-187	1 Mr. Roosevel	lt Tisdal	e 2103 Callow Ay
18. DISE	ASE OR CONDITION DI		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
1	LEADING TO DEATH		cinoma of cervi	x, terminal	1
heart failure	nal mean the made of e, asthenia, etc. It means amplication which caused	dying, e.g., DUE TO			
	ANTECEDENT CAUSES	(B)			
DISEASES	OR CONDITIONS, if				
	the above cause (A) NG CONDITION last.	stating the (C)			
-	11				
E TO THE	NIFICANT CONDITIONS OF DEATH BUT NOT RELATED TO THE PROPERTY OF THE PROPERTY O	ATED TO THE			
	OF OPERATION 198. CON WAS PER	IDITION FOR WHICH OPERATION FORMED	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DENTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
0 21D. TIME	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY		While At Not Wh	ile		
22. I certif	fy that (1) (this hospito	l) ottended the deceased from	anuary 15, 1966	9toJ:	anuary 15, 1966,
that (I) (we	e) lost saw the decease	ed alive on January 15		ot in (my) (our) opi	nian deoth accurred on the dote
		ted obove. (I) (We) (did) (did not)	view the body ofter death.		
23A. SIGNAT	TURE	0 - 0	tooding - AA-J	S4-8	23B, DATE SIGNED
	VVVV	faces M.D. Al		Stoff Phy s. X	1-16-66
PHYSICI NAME	(Type)		23D. ADDRESS		
	Andre Rigaud		TOTA DIVISION	Street	
24A. BURIAL CR	(Specify)	24C. NAME of CEMETERY OF C		CATION (Ci	ty, town, or caunty) (State)
Buria 25A. DATE REC	1/19/6	Mount Auburn	Cemetery Ba. 25c. FUNERAL DIRECTOR	ltimore,	Maryland Address
JAN 1	1200 UNKIEN	and h	Herbert E.	Nutter 30	35 W. North Ave



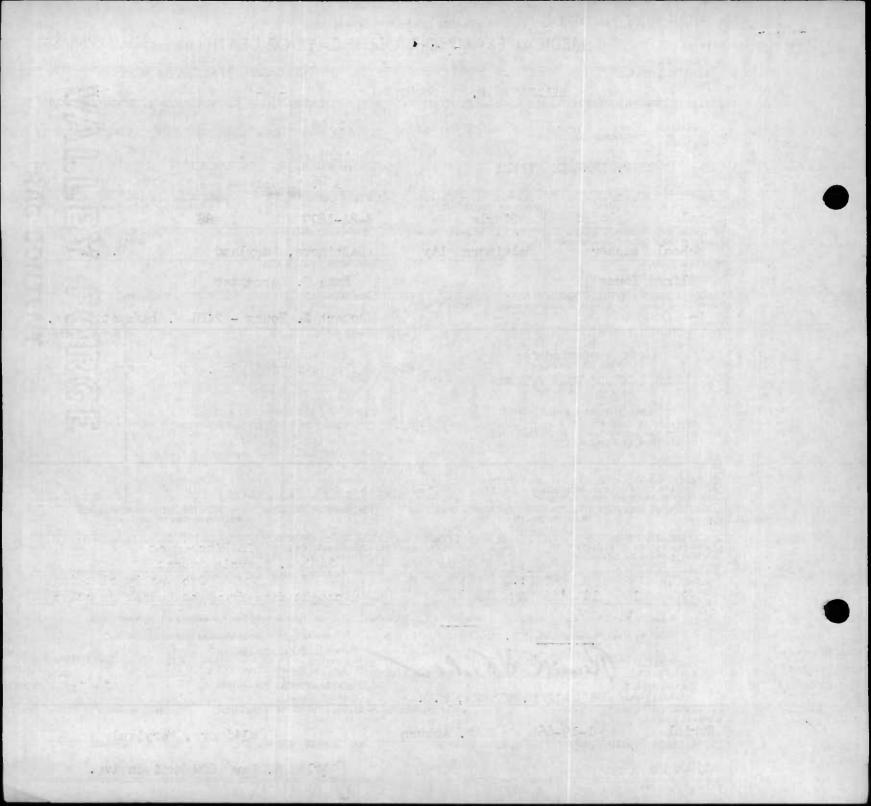
VS 151-REV. 1/1/65

66 00601 BALTIMORE C

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 00601

BIRT	H NO.	MEDI	CAL EX	CAMINER'S C	ERTIFICAT	E OF DEATH	legistered Na	OGOGI
-	CASE NO.							
1. P	AME OF DE	CEASED	100			2. DATE AND HOUR PRON	OUNCED DEAD	
. , ,		LII	LIAN	M. YOUNG		1-16-66		2:00 P M
		TIMORE, MARYLAND, W			4. USUAL RESIDE A. STATE Marylan	NCE(Where deceased lived	B. COUNTY	lence before odmission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)					C. CITY OR TOW	N (If outside corporate limi	ts write RURAL on	d give township)
9	240	3 W. LANVALE	STREET			ESS (If rural, give location)	1800)
5. S	FV	6. RACE	17		8. DATE OF BIRTH	Lanvale Stree		
	emale	Colored		NEVER MARRIED DIVORCED(specify)	8-24-187	lost birthdo	Months !	Tyr. If Under 24 Hrs Doys Hours Min.
10A	USUAL OCC	UPATION (Give kind of work)			12. CITIZE	
	School	working life, even if retired) Teacher	Baltin	more City	Baltimo:	re, Maryland	WHAT	J.S.A.
13.1		Young				T. Carpenter		
		D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT	1-11-11-51	ADDRESS	
(162	No	fill yes, give wor or gote	s of service)	SECORITI NO.	Robert	L. Young - 240	l W. Lafay	rette Ave.
U	OTHER SIGNOTHE DISEASE OF THE DISEAS	SE OR CONDITION DIL LEADING TO DEATH not meon the mode of osthenio, etc. It meons mplicotion which coused ANTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) SI NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING F OPERATION 19-B, CON WAS PERI OR CONTRIB- SE OF DEATH.	dying e.g., the discose, deoth.) S NY, GIVING THE CONTRIBUTIL ATED TO 1 11. DITION FOR FORMED	(B)	S Of trunk 20A. AUTOPSY? NO in or obout 21C. Woffice bldg., INJURY	HERE DID (If in Boltimore OCCUR? In KITC	es vere findings co g causes of de, City, give exoct lo hen at	ON SIDERED ATH?
	21D TIME OF INJURY		COB100 2	Home	240 21F. HO	3 W. Lanvale S	treet resumably	clothing
	(APPROX.)	1 16 166	5 AM m.	WHILE AT NOT	WHILE X caug	ht fire from g	as burner	on stove
	ACTUAL SIGNAT EXAMIN NAME (URE / CASALI IER'S Type) RUSSELI	S. FIS	Inspection X Au Accident Suicide Suicident M.D. SHER, M.D.	de Homicio CHIEF ME ASSISTANT ME ASSOCIATE ME	that an this basis, dea Undetermined DICAL EXAMINER DICAL EXAMINER EDICAL EXAMINER	th In my opinian	DATE SIGNED
REA	BURIAL CRE NOVAL (Specify Curial			Mt. Auburn	or CREMATORY	23D. LOCATION Baltimore	(City, town, or c	
24A	. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNERA			DDRESS
1	JAN 19	1966 A. O. E	12.30	Bankl	Chaf	les R. Law 802	2 Madison	Ave.

N948925 5000000

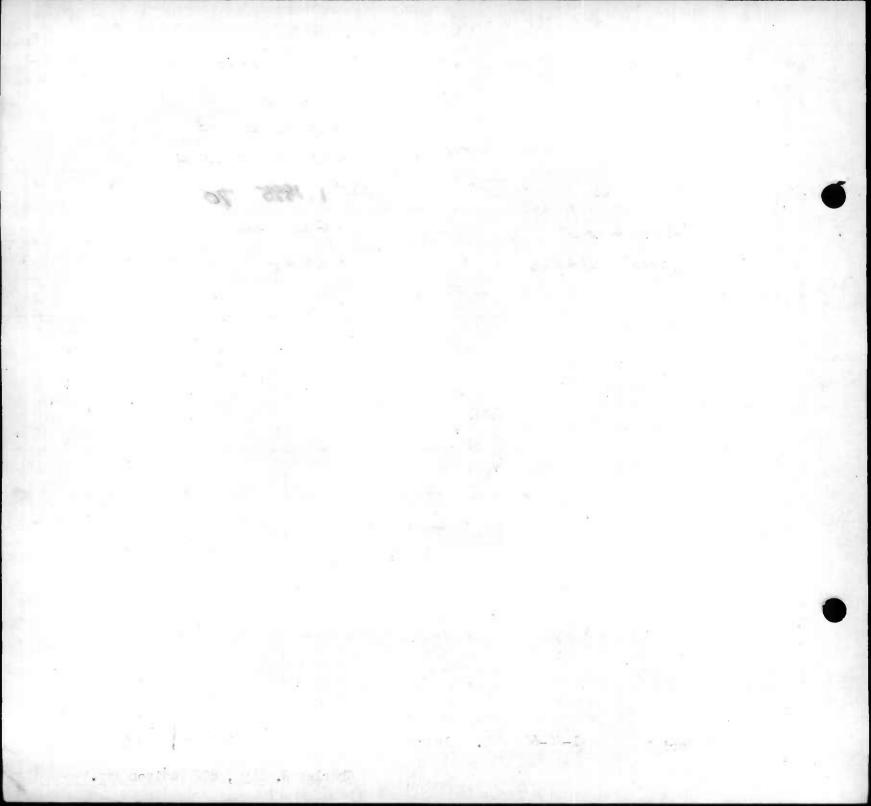


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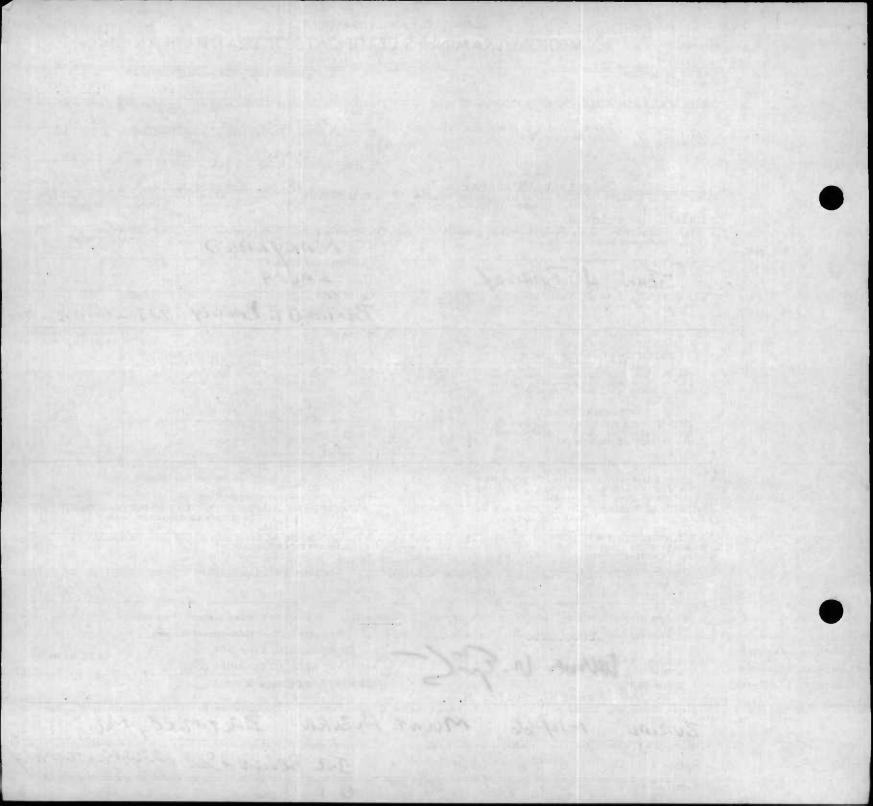
	BALTIMORE	CITY	HEALTH	DEPARTMENT
--	-----------	------	--------	------------

Registered		Cit	30	OC.	10
Registered	Na.	00	-		-

BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No. 65	116.52
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) MAMIE Me C.	ARTNEY		HOUR OF DEATH	3 (25 P)
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institut oddress or location) INSTITUTION FRANKLIN SQUARE	ion, give street	4. USUAL RESIDENCE (Where da. STATE B. COUNTY HARYLANP C. CITY OR TOWN (If outside BALTIMORE D. STREET ADDRESS (III rurol R. 2)	e city limits, write RURAL o	nd give township)
5. SEX 6. RACE 7. MARI	NED DIVORCED (specify)	B. DATE OF BIRTH 9. /		ler 1 Yr. It Under 24 Hrs. Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KINI done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	W	TIZEN OF HAT COUNTRY?
13. FATHERS NAME LUKE DAVIS			SAMPSON	
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of servi	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT \$UGUST\$ GOSS (SISTER)	1837 N. Wolf Balt. 13,	ADDRESS 40,
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart failure, osthenio, etc. It means the dise injury or complication which coused death.)	e.g., DUE TO	F DEATH 3 VA Kemo 4 per Lerson	urhage excol?	interval Between ONSET AND DEATH 2-3 days?
DISEASES OR CONDITIONS, if any, girise to the obove cause (A) stating UNDERLYING CONDITION last.	ving (C)			
TO THE DEATH BUT NOT RELATED TO	THE	20A. AUTOPSY? (Yes or No.) 2	OB, IF YES, WERE FINDING	
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID	(It in Boltimore City, g	
21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While Work At Work	21 F. HOW DID INJURY	Y OCCUR?	
22. I certify that (I) (this hospital) attend that (I) (we) last sow the deceased alive and hour and from the couses stated above	on	5 19 6£ ond that	in (my) (our) opinion de	ath occurred on the date
23A. SIGNATURE Jacunt F. L 23C. PHYSICIAN'S NAME (Type) SACINTO V.			tt ys. D	1-15-6 G
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME OF CEMETERY OF CR	EMATORY 24D. LOC	ATION (City, town,	
Burial 1-20-66 25A. DATE REC'D BY HEALTH DEPT. 258-NA JAN 19 1966	Mt. Calvary	25C. FUNERAL DIRECTOR Charles R. Law	Maltimore, Mary	ADDRESS



BIRTH NO.	MEDIC			CERTIFICA		DEATH Registere	66 U	0603
M.E. CASE NO.								
1. NAME OF DEC	EASED	Wil	liam	Barney	2. DATE ANI	HOUR PRONOUNCED		9:15 a. M
3. PLACE IN BALT	IMORE, MARYLAND, WHI	RE PRONOUNC	ED DEAD	A. STATE	eryland	deceased lived. Il institu B. COUN	tion: residen TY	ce before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL ADDRESS OR LOCATI	OR INSTITUTION)	N, GIVE STREET			e corporate limits, write R	URAL ond	give township)
0					ress ((f rurel,	give locotion)	9 ()	
0	University	Hospita	1	5 6 5 6 5 6 5	727 S.	Hanover St.	. The Late	2 th Maria
5. SEX male	6. RACE 7	MARRIED, NE	VER MARRIED	B. DATE OF BIR	тн	9. AGE (In years lost birthdoy)		Yr. (f Under 24 Hrs. ys Hours Min.
	PATION (Give kind of work) vorking life, even if retired)	B. KIND OF BL	SINESS OR INDU	M	ARYL	AND	WHAT	OF COUNTRY?
13. FATHER'S NAM	. 1 11 21	rney		14. MOTHER'S	AURA			
	D EVER IN U.S. ARMED F		SOCIAL SECURITY NO.	17. INFORMANT BERNI		BARNEY 7	27 S,	HANGYER ST
DISEASES (RISE TO THE UNDERLYIN OTHER SIGN TO THE	osthenio, etc. If meons if inplication which caused de NTECENDENT CAUSES OR CONDITIONS, IF AN EABOVE CAUSE (A) STAIG CONDITION LAST. II NIFICANT CONDITIONS C DEATH BUT NOT RELAR CONDITION CAUSING I	C, G(VING TING THE	(B) DUE TO (C)					
19A. DATE OF	OPERATION 198, COND. WAS PERFO		CH OPERATION	yes		20B. IF YES, WERE FIND IN CERTIFYING CAUSES		
UNDERLYING UTING CAU	OR CONTRIB- SE OF DEATH.	218. PLA home, letc.)	CE OF INJURY (e.g., in or about 21C. et, office bldg., INJU	WHERE DID	(f in Boltimore City, give	exoct local	lion)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURI	RED 21 F. F	IOW DID INJU	RY OCCUR?		
	ify that I held an Inq		nspection		nd that an thi	s bosis, death In my	opinion	
ACTUAL SIGNATI EXAMIN	URE WWW	11-5	7-6-	CHIEF I	MEDICAL EX	AMINER X	1/11,	DATE SIGNED
23A, BURIAL CREATE REMOVAL (Specify BURIAL)	MATION, 23B. DATE	23 C. N		ERY OF CREMATORY T. AUBUR	N 23D. L	BALTIMORE	own, or cour	(Stote)
JAN 1		24B NAME OF	_	ZAC. FUNE	RAL DIRECTOR	N + SON 12	3W.N	PONTGOMER
VS 151-REV. 1/1/0		0 1	1 0	2006	0 0			



contributing occurred etermined regular deceased disposition death Ë Und Mas the direct 4 IMPORTANT assistant eath On kind; final attendance Ö any pronounced 0 Also, med of fracture embal the chief medical examiner regular examiner. DIRECTOR who are (3) physician remains medical burns; SDM FUNERAL physician the Body the U before by 3 ere the hospital ° nature; × by obtained 9 approved (except and any 0 pe of death) hospital released must An accident certificate must 0 0 prior a the body was D.O.A.

shows:

MOS

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VS 150-REV, 1/1/65

Deceased te on the

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(5)

canse; attend

and

hospital

0

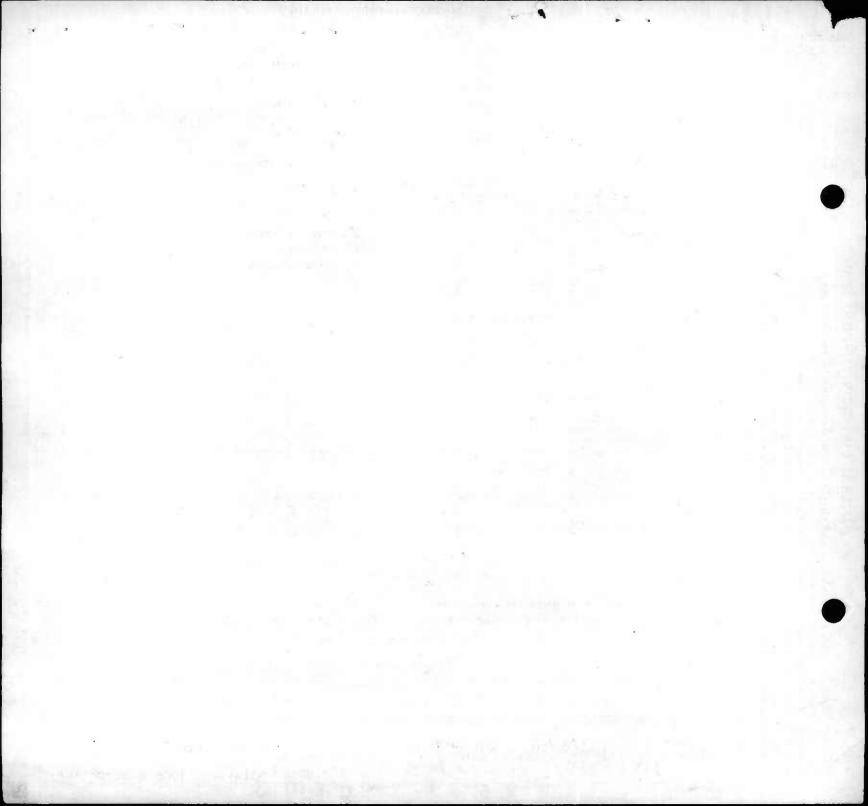
of death

cause

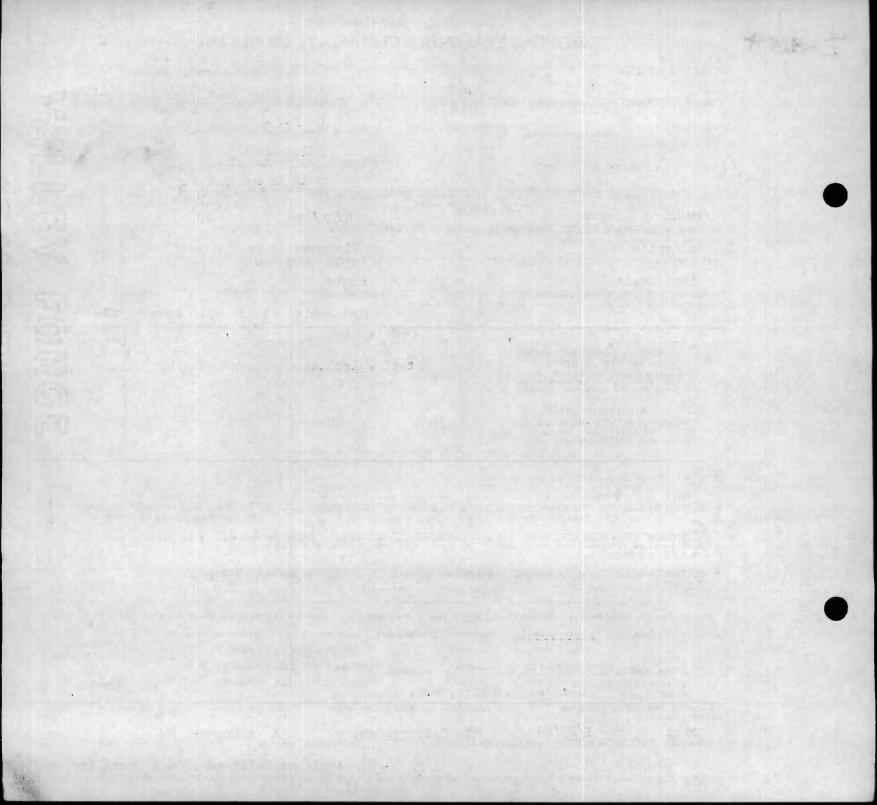
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered Na. BIRTH NO. Such M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type at Print) SANUARL death. 3. PLACE OF DEATH IN BALTIMORE USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE MAKYLAND FULL NAME OF HOSPITAL OR INSTITUTION (If not in haspital ar institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give 9 BALTIMORE Hospital prior D. STREET ADDRESS (If ruiol, give location) LAURENS mad 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs, 5. SEX Under 1 Yr. Months Days WIDQWED, DIVORCED (specify) tost birthday) Hours MALE NEGRO MARRIED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA FOUTH CANVEINF CUSTODIAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN UNKNOWN 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury as camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, on Rephritise renal sailur rise to the above cause (A) stating the UNDERLYING CONDITION lost. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 27C. WHERE DID home, fdrm, factory, street, office bldg., INJURY OCCUR? City, give exoct location) DEATH (notify medical examiner) etc.) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that W (this hospital) attended the deceased fram June 19 66 to that (M'(we) last saw the deceased alive on January 19 60.6 ond that in (my) (aur) apinion death accurred an the date and hour and from the causes stated abave. At (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED M.D. Attending Stoff Mod. Phys. L Phys. Director L approval C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY eceased 24D. LOCATION town, or county) REMOVAL (Specify) 1/20/66 N HEALTH DEPT. 1251 6 Kings Tree South Burial Carolina 25A. DATE REC'D B 25C. FUNERAL DIRECTOR ADDRESS

Adolphus

Halstead 1206 W North Ave

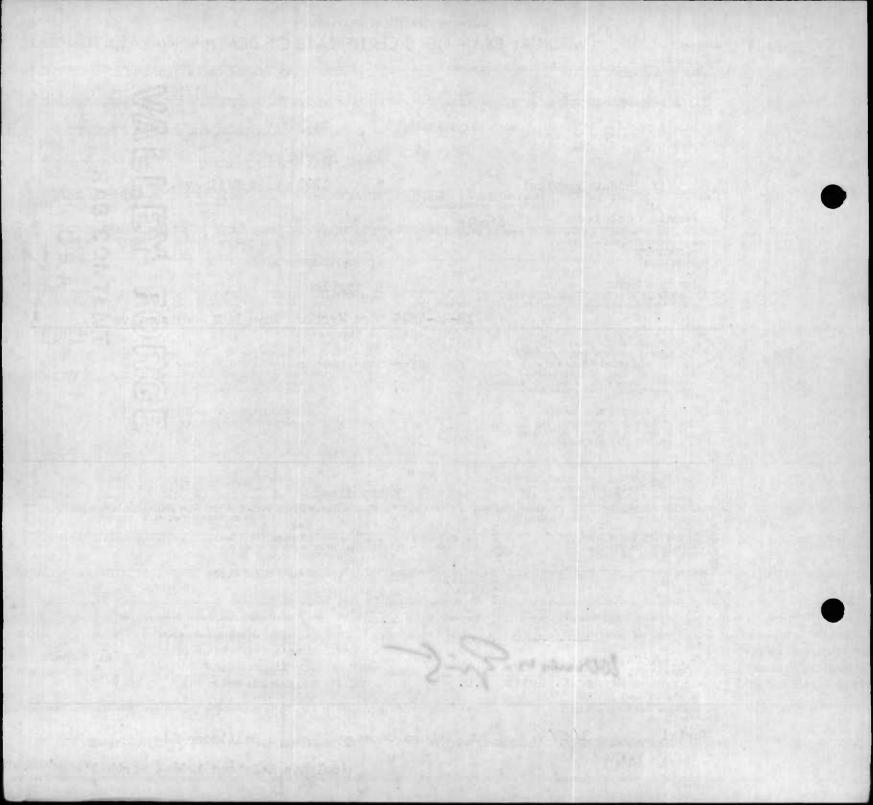


BIRTH NO.	MED	ICAL EX	AMINER'S	CERTIFICA	TE OF	DEATH Registe	ered Na	68 0060
M.E CASE NO.	CEASED	·			In more	D HOUR POOLS	ED DEAD	
1. NAME OF DE	GRACE	CI	OPLAND	DAVIS		D HOUR PRONOUNC		11.05 D
3. PLACE IN BAL	TIMORE, MARYLAND, W			4. USUAL RESIL		ary 15, 1966	titution: resi	11:05 P Nidençe before odmissio
FULL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET		aryland	B. COL		and give township)
NOITUTITA				В	altimor	e		
Lu	theran Hospit	al		D. STREET ADD		nah Avenue		
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRT		9. AGE (In years lost birthdoy)	If Unde	er 1 Yr. If Under 24 H
Female	Negro	MIDOMED	rated (specify)	6/24/	129	lost birthdoyl	Months	Doys Haurs Min.
	UPATION (Give kind of work working life, even if retired)	TOR KIND OF	BUSINESS OR INDUS	Richmo	(State ar forei			EN OF AT COUNTRY?
3. FATHER'S NA	ME			14. MOTHER'S A	MAIDEN NAM	E		
Ike 1	Davis			Annie				
	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT	13 - E		ADDRES	S
				Mrs Ani	nie Al	len 3016 Ar	unah	AVe
DISEASES OF THE SIGN OF THE SI	nat mean the made of particular and mean which caused antecendent caused or conditions, if a fee above cause (a) so no condition last. II conficant conditions DEATH BUT NOT REPERTION CAUSING CONDITION CAUSING CA	CONTRIBUTING TATE	(B)			iovascular D		
9	F OPERATION 198, CON WAS PER	FORMED		No	0	108. IF YES, WERE FI	SES OF DI	EATH?
UNDERLYING	L CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., farm, foctory, street,	affice bldg., INJUR	Y OCCUR?	Ut in Baltimare City, gi	ve exact l	acatian)
21 D TIME OF INJURY (APPROX.)	(Month) (Day) (Year	V	TE. INJURY OCCURRE	D 21F. H	OW DID INJ	URY OCCUR?		
22. I cer	rtify that I held an I				d that on th	is basis, death in n	ny opinia	ın
	Ited from: Natural co	acles S	Suice Suice	ide Hamic	ide [] NEDICAL EX NEDICAL EX	Undetermined monne KAMINER XAMINER XAMINER		DATE SIGNED 1/16/66
23A, BURIAL CRI REMOVAL (Speci	MATION. 238 DATE	23	C. NAME OF CEMETER	or CREMATORY	23 D. L	OCATION (City,	, tawn, ar	county) (State)
Burial	1/20/6	56	Mt Calvar	y Cemetry	Δ	A County M	4	
24A. DATE REC'D	BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. FÜNER	RAL DIRECTOR	R Gourty M		ADDRESS
JA	N 19 1966 Ot	Hear E	, Kitchelley MA	Ado.	Lphus Ha	alstead 1206	W No	rth Ave
VS 151-REV. 1/1	/65	9 1	000	006	6 3			



BALTIMORE	CITY	LIEALTH	DEDA	DTAMENIT

M.E. CASE NO.								
1. NAME OF DEC	CEASED			2. [DATE AND	HOUR PRONOUNC	ED DEAD	
trype of ring	Pearl	ine	Shaw			1/17,	/66	3:40 p. A
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	E(Where de	eceased lived. If inst	itutian: residenc	
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET	Mary	Land			
HOSPITAL OR	ADDRESS OR LOCA	TION)		C. CITY OR TOWN	(If outside of	corporate limits, write	RURAL ond	give township)
				Baltin			7-0	book
7				D. STREET ADDRESS				
	ovident Hospi		NEWER ANABRIED	1708	Druid	9. AGE (In years	11/11/11/11	Yr. If Under 24 H
D. JEA	o. RACE		DIVORCED(specify)	O. DATE OF BIRTH		lost birthdoys		s Hours Min
female		Si	ngle	6/	,	28		
	JPATION (Give kind af wark vorking life, even if retired)	OB. KIND O	F BUSINESS OR INDUSTR	11. BIRTHPLACE (State	e or foreign	country)	12. CITIZEN WHAT C	OF OUNTRY?
Laundi				14 MACTHENIC MAND	ENI NIAAAP			
				14. MOTHER'S MAID	IN NAME			
James	Shaw	FORCES	16. SO CIAL	Myrtle 17. INFORMANT			ADDRESS	
	(If yes, give wor or dote		SECURITY NO.	T. HAT ORIVIANT			ADDKE33	
			219-26-4525	Mrs Myrtle	Shaw	1404 Madis	son Ave	
RISE TO TH UNDERLYIN	OR CONDITIONS, IF A E ASOVE CAUSE (A) ST NG CONDITION LAST,	TATING THE	(C)					
O THE DISEASE OF	DEATH BUT NOT REE	LATED TO		tty liver				
19A. DATE OF	OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Ye	IN	B. IF YES, WERE FILL CERTIFYING CAUS	NDINGS CON	SIDERED 1?
UNDERLYING TO CAU	CAUSE WAS OR CONTRIB- SE OF DEATH,	21 B. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	in or obout 21C. WHEI office bldg., INJURY OC	RE DID (IF	in Boltimore City, gi	ve exoct locoli	on)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor	,	WHILE AT NOT AT W	WHILE	DID INJUR	OCCUR?		90.85
1-1-1-1	ify that I held an I				_	basis, death in n		
resul	ted fram: Natural car	uses A	Accident Suicid			determined manne	er	
ACTUAL	URE DOO DOO	Spita	ST S MOD	CHIEF MEDI	CAL EXA	MINER X		DATE SIGNED
NAME (yr.D.	ASSOCIATE MEDI	ICAL EXA	MINER	1/18/	00
REMOVAL (Specify	MATION, 23B. DATE	23	C. NAME OF CEMETERY	CREMATORY	23D. LO	CATION (City,	tawn, or coun	ty) (Stote)
Burial 24A. DATE REC'D	BY HEALTH DEPT.	24B, NAME		emetry 2407 FUNERAL I	DIRECTOR	altimore Mo	ADD	RESS
	JAN 19 1966	12 O. 1	TE. COLLEGE	Adolphu				V
Burial 24A. DATE REC'D	BY HEALTH DEPT.	248 NAME						11



VS 150-REV. 1/1/65

	0	BALTIMORE CITY	HEALTH DEPARTMENT		DO WEDNIN
	ETH NO.	CERTIFICA	TE OF DEATH	Registered No.	66 00607
1,	NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
110	Leola C. Pai	rker	Jan.	18/66	M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution oddress or location)		A. STATE RESIDENCE (Where	deceosed lived. If insti	lutian: lesidence befare admission)
1)(412 Westgate Rd		Coites	ide city limits, write RU	KAL and give township)
			1	tgate Rd	
		WED, DIVORCED (specify)	Lec 17/1900	ost birthdoys 65	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min, 12, CITIZEN OF
	nejduring most of working life, even if retired)	on Home	14. MOTHER'S MAIDEN NAM		WHAT COUNTRY?
	John Ma	rris	Entheri	ne Con	nbs
15 (Y	, Wes Deceased Ever in U. S. Armed Forces? es, no openknown! (If yes, give wor or doles of service	16. SOCIAL SECURITY NO. (1	John M. Do	por 830	Braesell
	DISEASE OR CONDITION DIRECTLY	CAUSE OF	7	,	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH		UTE CORON	UBRY Decke	Sion 6 lus
	(This does not mean the made of dying, e heart failure, asthenia, etc. It means the disea injury at camplication which coused deoth.) ANTECEDENT CAUSES		RICULAR FI.		
	DISEASES OR CONDITIONS, if any, gives to the abave cause (A) slating UNDERLYING CONDITION last,	ing the (C)	PERTENSIVE	C-V. DISEASE	1 yr
ACITA		THE			
FETIFIC	19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
0 140	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in Boltimore C	City, give exoct locotion)
AAFDI	OF INJURY (APPROX.)	21E, INJURY OCCURRED While At Not While Work Not Work	2) F. HOW DID INJU	PRY OCCUR?	/
	22. I certify that (I) (this hospital) attende	/ / /		966 10 1/1	
	that (I) (we) lost saw the deceased alive a and hour and from the causes stated above	/		t in(my) (our) opini	on death accurred on the date
	23A. SIGNATURE / SCEEM	, AAD Atte	nding Med.	Stoff Phys.	38. DATE SIGNED.
	NORMAN RYCE/	MAN M.D.	200) (10.	ONDSON	S VE
	Swise an 2166	NAME OF CEMETERY OF CRE	athabiel.	Ballo.	town, or county) (Stote)
1125	A. DATE REC'D BY HEALTH/DEPT. 23B. NAM	LE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDREST

GW MA

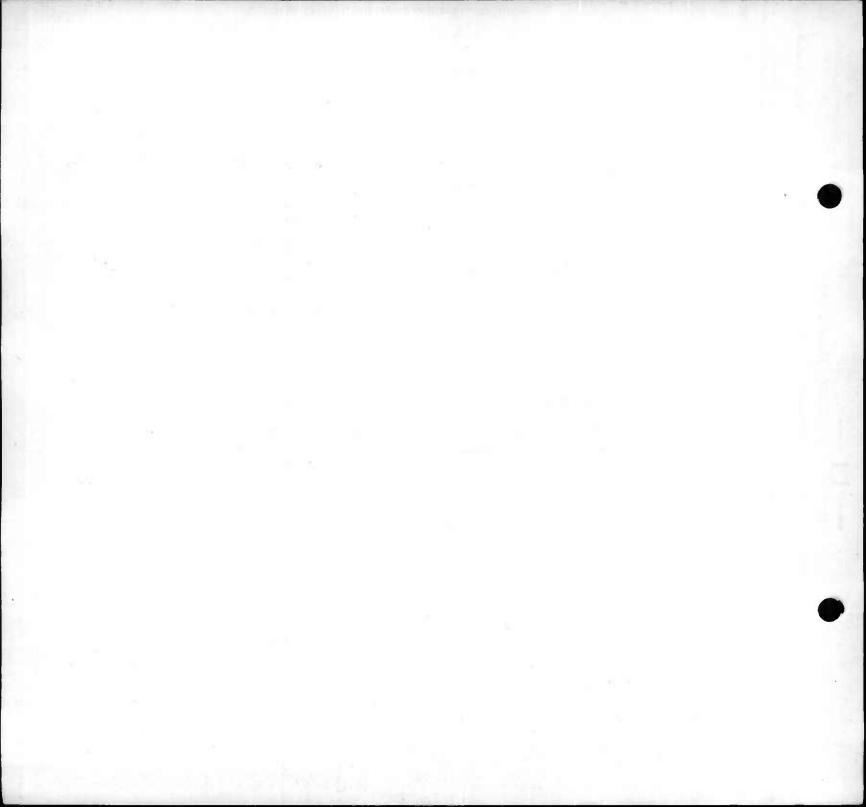
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

	0			BALTIMORE CIT	Y HEALTH DEPARTMENT		7. 0100
BIRTH NO.		66 006	88	CERTIFICA	TE OF DEATH	Registered No	66 Out6.8
M.E. CASE N	O. DECEASED					ND HOUR OF DEATH	
(Type_or Print)		navgay	et		Jan BEST CE (Wh	17, 1966	13,25 Q.M.
FULL NAA HOSPITAL	AE OF OR	(If not in hospital oddress or localion	or institution,	give street	Maryland B. COU	NTY	URAL ond give township)
INSTITUTIO	N				Baltimore	1 rurol, give location)	
Bolt	ondil	Mursin	-	munity Cen	2622 n. C	harles ST	
5. SEX	6. RAC	SE .		NEVER MARRIED D, DIVORCED (specify)	119/81	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during mo	st of working	N (Give kind of work life, even if retired)	108. KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
act		+	L		00000		и. э и.
13. FATHER'S	NAME	Unk	no	wor	14. MOTHERS MAIDEN N.	w	
15. Wos Dece (Yes, no or unk	nown) (†1 ye:	U. S. Armed Fores, give wor or dote	ces? s ol service)	1 6. SOCIAL SECURITY NO.	Rivising H	one Re	address cards
	SEASE OR	CONDITION DIR	ECTLY	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(This do	es not me	NG TO DEATH	dying, e.g.,	(A) DUE TO	Arteriosclerosi	8	Several years.
	complicati	ia, etc. It means on which caused EDENT CAUSES		(B)	Diverticulosis		Several years.
				DUE TO			
rise to	the obo	NDITIONS, if ve couse (A)		(C)			
OTHER S TO TH DISEASE	E DEATH	II T CONDITIONS C BUT NOT RELA	TED TO TH	G E			
	E OF OPER		DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or h	20 B. IF YES, WERE FIN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
OR CON	CIDENT WATER	S UNDERLYING CAUSE OF	218, hom etc.		in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(II in Boltimore	City, give exact locotion)
OF INJUI	RY	h) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
22 1	**f	IV (46.1 - 1 14.1				1949 to Janua	ery. 1966
	,			he deceased from			
that (1)	(we) lost :	sow the decease	d alive on	January 16,	. 1900 ond 1	hot in (my) (our) ople	nion death occurred an the date
and hou	r ond from	the couses stat	ed obove. (I		view the body after death		
23A. SIGN						•	23 B. DATE SIGNED
-	€. €	Clavett	Coll.	M.D. At	rending X Med. Director	Stall Phys.	1-17-66
23 C. PHYS	CICIANES	orth Cook,			23D. ADDRESS		
24A. BURIAL		N, 24B DATE	-	M.D.			Saltimore 18, Md. y, town, or county) (State)
28A. DATE R	riel	ANTH DEPT.	66 125B. NAME O	Meur C	25C. FUNERAL DIRECTO	1 Dall & c	ADDRESS OF \$1.55
J. DAIL K	AN 19	1966 A 0		Fr. Chima	With	74.4101	Edmondson
VS 150-REV.	1/1/65	1020	707		0007		

AL Zinania vita sur all

	FUNERAL DIRECTOR: IMPORTANT	R: IMPORTANT
This certificate must be approved	l by the chief medical examin	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
the body was released to the ho	spital by a medical examine	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nat	ure; (2) Body burns; (3) A frac	ture of any kind; (4) Underermined (duse; (3) Deceased
was D.O.A. at a hospital (except	where the physician who p	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (d	5) No physician was in regul	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtain	ed before the remains are em	written approval must be obtained before the remains are embalmed or final disposition is made.

				BA	LTIMORE CITY	HEALTH DEPARTM	NENT		10/01/10/00
- 11	BIRTH N		110609	CE	RTIFICA	TE OF DEA	TH Reg	istered No.	-6 00809
		OF DECEASED	Bonth	1 Am	1. Ko	1 10 to 2.0	ATE AND HOU	R OF DEATH	
	3. PLAC	E OF DEATH I	BALTIMORE, MAR	YLAND		4. USUAL RESIDENCE A. STATE	CETYTHERE deceo	sed lived. If institu	tion: residence before admission)
	HOSP	NAME OF	(If not in hospital a address or location)	r institution, give street		C. City OR TOWN	(If outside city	limits, write RUR	AL and give township)
	0	Le	man	Hom		De STREET ADDRESS	Alf rurol, giv	re Apcotion)	
	5 CEW	6, RA	28.1	LIKAL MEVER N	Clu-	8DATE OF BIRTH	J. All	(In years) If	Under 1 Yr. If Under 24 Hrs.
	ten	nale U	0.	WIDOWED, DIVORD	B	May 7	Jost birth	1doy186 M	onths Doys Hours Min.
			ON (Give kind of work) g life, even if retired)	OB, KIND OF BUSINESS	OR INDUSTRY	X O TO SAN	e of foreign coun	try) 1:	CITIZEN OF WHAT COUNTRY?
	13. FATH	ERS NAME	5 00	A)	14. MOTHER'S MAIL	DEN NAME	11	0
	15. Wos	Deceased Ever	in U. S. Armed Force	s? 16. soci		17. INEDRIMANT	, St	chroe	ADDRESS
		or unknown/thr y	es, give wor or dotes	5/2-0/	2456A	Keer	le S	man	Home
	1B.	DISEASE OF	CONDITION DIRE	CTLY	CAUSE O	F DEATH			INTERVAL BETWEEN ONSET AND DEATH
		s does not m	ean the mode of nio, etc. It means		(A) DU TO	nchops	neumo	nea	
		ry or complico	tion which coused		18) Acus	te Ponde	ac la	lues	
		EASES OR C	ONDITIONS, if o		Patro	TROPPINE	to Can	Yarandi	10
			NDITION lost.		10000	A /: A	- 1	Pulla	
	TA DIS	THE DEATH	NT CONDITIONS CO BUT NOT RELAT DITION CAUSING IT	ED TO THE	degene	nauon	e fai	XIIOE	
	19A.	DATE OF OPE	NATION 198. CONE	OTTON FOR WHICH O	PERATION	20 A. AUTOPSY? (Y		F YES, WERE FINE ERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
	U 21 A.	ACCIDENT W CONTRIBUTING TH (notify medi		218. PLACE O home, farm, (etc.)	F INJURY (e.g., i octory, street, o	n or obout 21 C. WHERI	E DID CCUR?	(If in Boltimore Ci	ly, give exact location)
3	> 1	TIME (Mo INJURY PROX.)	nth) (Doy) (Year)	While At	Not Whil	e 🖂	DID INJURY OC	CUR?	
			(I) (this haspital)	attended the decea	At Work	12 /	19/25	to /// \	an 1966.
	that	r (I) (we) last	saw the deceased	l alive an	Jan	19.66	and that in(m		n death accurred an the date
		SIGNATURE	n the causes state	ed above, (I) (We) (d				23	B. DATE SIGNED
	Asc.	PHYSICIANS	m/h	Tryson		ending Med. Direct	Stoff Phys.		175an 65
		NAME (Type)		Bryso	M.D.	4602 G	dmon	dson	ave Balto
	24A. 20	MOVAL (Specify	19/6	24C, MANAE of C	EMETERY OF CRI	MATORY	24D. LOCATIO	(City, 1	own, or county) (Stote)
-	SA. DA	TE REC'D BY	9 1966 P	25B. NAME OF REGIST	RAR	25C. FUNERAL D	DIRECTOR.	25/2	ADDRESS Que
	VS 150-	REV. 1/1/65	1200 (15)	Perty E. Atal	The state of the s	Wage!	77 CHC	1 Joshin	on soon



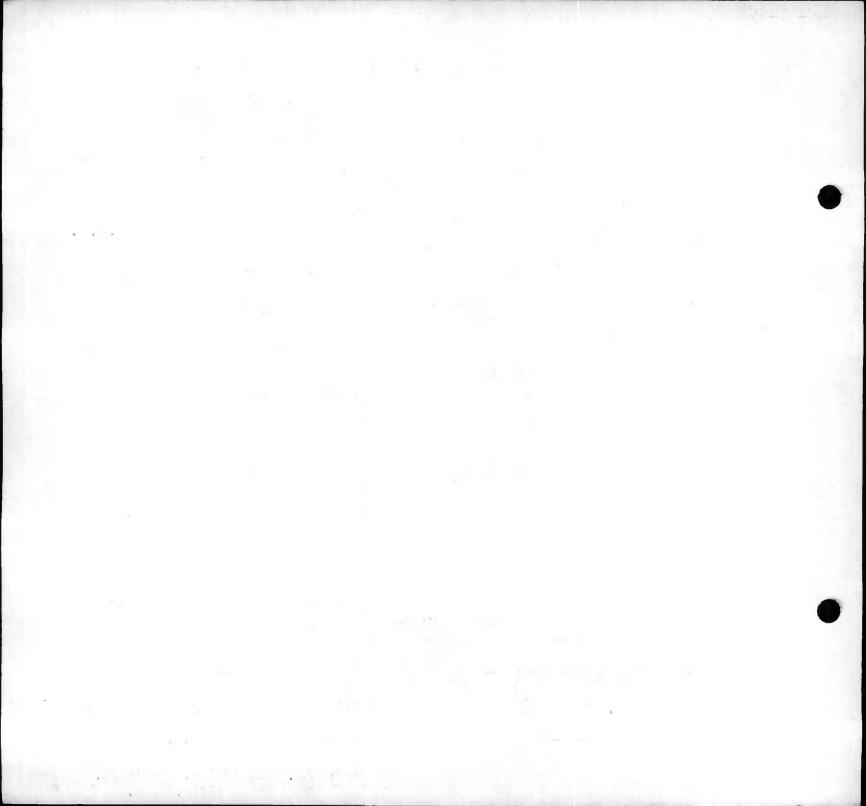
Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT the body was released to the hospital by a medical examiner.

	ø,	BALTIMORE CITY	HEALTH DEPARTMENT	
- 11	M.E. CASE NO.	CERTIFICA	TE OF DEATH Reg	istered Na. (127 (1) ()
- 11	1. NAME OF DECEASED (Type or Print) SELLMAN CH	AR LOTTE !	MAY ZANTE AND HOU	17/66/1.15 BM.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institut	ion, give street	A. STATE Md. 216 PINE W	sed lived. It institution: residence before admission)
1	HOSPITAL OR oddress or locotion) INSTITUTION UNIVERSITY OF MAKE	RYLAND	DUNDALK	BALTIMERS
1		OSPITAL		rood Rood 50
	TI N M	OWED, DIVORCED (specify)	5-20-20 lost birth	15
	done during most of working life, even if retired)	UN HOME	11. BIRTHPLACE (State or foreign count	12. CITIZEN OF WHAT COUNTRY?
	13. FATHERS NAME WILLIAM SCR	LIVEN	14. MOTHER'S MAIDEN NAME MARY C.	ELD MACHER
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	ice) 1 6. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS Pel
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
	(This does not meon the mode of dying, heart foilure, osthenio, etc. It meons the dise injury or complication which coused death.)		They make hem	+ with
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, git is to the obove cause (A) stoting UNDERLYING CONDITION lost.	ving the (c) Val	Vular diseases	
	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE		
		T DISEASE	20 A. AUTOPSY? (Yes or No) 20 B. I	F YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF tNJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)
	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID INJURY OC	cur?
	22. I certify that (I) (this haspital) attend that (I) (we) lost saw the deceased alive	1/17	19.66 19	ta 1966,
	and haur and fram the causes stated abav	re. (1) (We) (did) (did nat) v	iew the bady after death.	
	23A. SIGNATURE	Phy		Jan 17 66
	B.N. Irani	M.D.	23 D. ADDRESS	hil
1	Survey Jan, 21/60	CTNAME OF CEMETERY OF CRI	MATORY 24D. LOCATIO WILLS 125C. FUNERAL DIRECTOR	11,400 60
	JAN 15 1966 (120) 15	E. Tetalogua .	West 07# 410	2 Camondoon
	VS 150-REV. 1/1/65		4)	7

	00 000	BALTIMORE	CITY HEALTH DEPARTMENT	CC INICIA
BIRTH NO.	66 11116	CERTIFIC	CATE OF DEATH Regist	ered No. 66 00611
M.E. CASE NO.	CEASED		2. DATE AND HOUR O	OF DEATH
(Type or Print) K	Tatie Bundy	(Bunday)	January:	8. 1966 11:35
3. PLACE OF D	EATH IN BALTIMORE, MA	ARYLAND	A, STATE B. COUNTY	lived. If institution: residence before admission
FULL NAME	OF (If not in bosoital	or instilution, give street	Maryland	5-13
HOSPITAL OF	oddress or locotio	on)	C, CITY OR TOWN (If outside city lin	nits, write RURAL and give township)
INSTITUTION	Providen	t Hospital	Baltimore	
39		ision Street	D. STREET ADDRESS (If rural, give le	
1			1515 N. Bruce Str	reet
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify	B. DATE OF BIRTH 9. AGE (In	yeors If Under 1 Yr. If Under 24 Hrs Months Ooys Hours Min.
Female	Negro	Widowed	10-6-1893 72	
	CUPATION (Give kind of wor		STRY 11. BIRTHPLACE (Slote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most o None	of working life, even if retired)		Baltimore, Maryla	
3. FATHER'S NA	AME	1	14. MOTHER'S MAIDEN NAME	
	Unknown		Unknown	
Yes, no or unknov	ed Ever in U.S. Armed Fo wn) (If yes, give wor or dolo	rces? 1 6. SOCIAL SECURITY NO.	Mrs. Hendricks 212	ADDRESS 1½ McCulloh Street
		o o	Mrs. Hendricks 212	2/2 200 0000000000000000000000000000000
18.	040	CAUS	E OF DEATH	INTERVAL BETWEEN
DISE	ASE OR CONDITION DI	DECTLY 1	1/ 1/.	ONSET AND DEATH
	LEADING TO DEATH		Hypostatic Drewn	vorua 1
(This does	nal meen the mode of e, osthenia, etc. It means	dying, e.g.,		10 H M P P P P P P P P P P P P P P P P P P
	omplication which caused		Pal	bulation
	ANTECEDENT CAUSES	8 0 10	Fractizer Non-au	Dec 21 102
DISEASES	OR CONDITIONS, if	any, giving	T= 1 . 1 + C	19 6/11/1
iise lo I	the above couse (A)		Fratture, might fle	un 10 days
UNDERLYIN	NG CONDITION last.	300		· · · · · ·
7		H C		
E TO THE	DEATH BUT NOT REL	ATEO TO THE		
DISEASE O	R CONDITION CAUSING		(200 01700000 (V No.) 200 45 W	TO WEST SINGLES CONTRACTOR
19A. DATE O	OF OPERATION 198. CON		20A. AUTOPSYT (Yes of No.) 20B. IF Y	FYING CAUSES OF DEATH?
E O	ENT WAS LINDERLYING	210 DIACE OF INITION	a is at should C WHERE DID	:- P-16:
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF		e.g., in or obout 21C. WHERE DID (If	in Baltimore City, give exact location)
U	ify medical examiner	lister in	Carus Rome 2/2/1/2 1	ne Cullot ST
OF INJURY	(Month) (Doy) (Yeor)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCU	R?
(APPROX.)	12 21 10		While D Fell w	backson 19-03
22	12 30 65	1) ottended the deceased from	December 3165	. January 18, 1966
AL. I COITII	.) lead on the complete	January 18		
		ed olive on January 18,		(our) opinion death occurred on the do
		ted above. (I) (We) (did) (did no	ot) view the body ofter deoth.	
23A. SIGNAT	TURE	0 1 . 1		23B. DATE SIGNED
	Sela	adres M.D.	Phys. Director Phys.	1-18-66
23C. PHYSIC	IAN'S (Type)	0	23 D. ADDRESS	
NAME	Joel A.	Malabrigo A	A.D. 1514 Division Stree	et
24A. BURIAL CE	· ·	24C. NAME of CEMETERY of		(City, town, or county) (Slate)
REMOVAL Buri	REMATION, 248. DATE (Specify)			
				re, Maryland
25A. DATE REC'	D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	256. FUNERAL DIRECTOR	ADDRESS
JAN 1	9 1966 (1)	E star MA	Arlington S. Philli	ps 1727 N.Monroe St.
VS 150-REV. 1/1	1/65 / 3	1. 700 0 0	0610	

PRENITORING WINDOWSET BE

25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR AODRESS Andrew W. Nix 1621 W. Dauphin St. Phila 32 Pa.



VS 150-REV. 1/1/65

Such

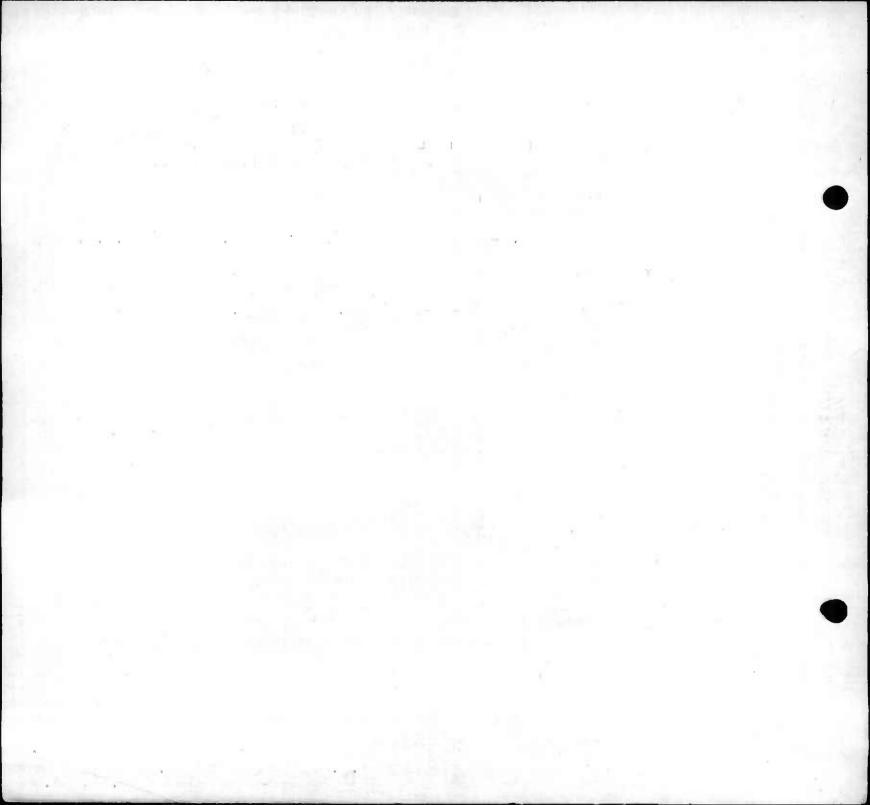
	00 000010	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. M.E. CASE NO.	66 00613	CERTIFICA	TE OF DEATH	Registered No.	6 (116)3
1. NAME OF DECEA	melia K	ETH		ND HOUR OF DEATH	16 2 A M
3. PLACE OF DEAT	H IN BALTIMORE, MARYLAND	1,4	4. USUAL RESIDENCE (Whe	ere deceased lived. It ins	Stitution: residence before admission)
FULL NAME OF	(If not in hospital or instituted address or location)	ition, give sheet	Marylan	1	27-18
INSTITUTION			Balt, more		URAL ond give township)
Union 1	Memorial	Husp	F/M -	rurol, give locotion)	Are
5. SEX	WID	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH 9 / 5/9 U	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
IOA, USUAL OCCU		ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF
HOUSE I	WIFE OU	IN HOME	BALTIMO		WHAT COUNTRY?
13. FATHER'S NAM			14. MOTHER'S MAIDEN NA	ME	
	IN RUPPE	RT	CATHERINE	E BUCK	HEIT
(Yes, no or unknown)	ver in U.S. Armed Forces? If yes, give wor or dotes of ser	vice) 16. SOCIAL SECURITY NO. 216-0714811	MRS. MERLIE	TOHNSON	2750 HARLAN
1B. // > A	1 1	CAUSE 0	DEATH		AVE. (16)
400	OR CONDITION DIRECTLY	CAUSE O	DEATH		ONSET AND DEATH
	EADING TO DEATH		44.12.22.	11 . f	+
(This does no	I mean the mode of dying,		Myacura	hal intere	110h C KG
	sthenio, etc. It meons the dis lication which coused death.)	eose,	,		
	NTECEDENT CAUSES	(B)			
		DUE TO		POR 60 POR 60 A 60 60 A 60 A 60 A 60 A 60 A 60 A	
	above couse (A) stoling				
	CONDITION last.	100000000000000000000000000000000000000			
	II				
E TO THE DE	CANT CONDITIONS CONTRIB ATH BUT NOT RELATED TO ONDITION CAUSING IT.				
19A. DATE OF	DPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE F	INDINGS CONSIDERED JSES OF DEATH?
OR CONTRIBUT	WAS UNDERLYING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.)	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
	Manth) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
OF INJURY		While At Not While Work At Work			
	hat (I) (this hospital) atten	. /	1 %	19 66 to	1/16 19 66
	ost sow the deceosed olive	/		- Appendix	nion death occurred on the date
23A. SIGNATUR		ve. (I) (We) (did) (did net) v	iew the bady offer deoth.		23B, DATE SIGNED
230 SIGNATUR	1//	M.D. Atte	nding Med.	Stoff	230 DATE STORED
	Trolon =	terate Phy	s. Director	Phys.	
23C. PHYSICIAN NAME (Typ		FESCHE M.D.	UNION MEMO	RIAL HOSPI	TAL
24A. BURIAL CREM REMOVAL (Sp		4C. NAME of CEMETERY OF CRE	MATORY 24D. I	LOCATION (Cit	y, town, or county) (Stote)
Burial	1/19/1966	Loudon Park	Re	altimore.	Maryland
25A. DATE REC'D		ME OF REGISTRAR	DEC FUNITRAL BUTTONS		ADDRESS
JAN 19	1966 020 9181	galay o o	n. O. O. GIIKINS	& Sons Co Baltir	more 12. Md.

14) = 1 31 1 1 A9

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

CHARLES

	0		66 0	net4	BALTIMORE CITY	HEALTH DEPARTMENT		36 00614	
		H NO.	60 0	ACT.	CERTIFICA	TE OF DEATH	Registered Na.		
	1. N	AME OF DEC	EASED	(Cha	nlog Honner		ID HOUR OF DEATH		
		e or Print)	charbes Ho	nuar	rles Henry	Jan	vary 1.7,1		
	3. P	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		A, STATE B. COUN	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A, STATE B. COUNTY		
	H	ULL NAME O	F (If not in hospital oddress or location		give street	MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
9.0	0	THE JOHNS HOPKINS HOSPITAL				BALTIMORE			
	0	, IHE	. JOHNS MOP	KINS H	OSPITAL		rurol, give locotion) ITER AVEN	UE	
0	5. S		6. RACE	7. MARRIED,	NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
s ma		ALE	WHITE	MARR		9-27-86	lost birthday)	Monms Doys Hours Min.	
n			JPATION (Give kind of work working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?	
Ě		nginee		Self-	employed	Baltimore,	Md.	U.S.A.	
isposition	13. [FATHER'S NAM	ΛE			14. MOTHER'S MAIDEN NA	ME		
disp			HOHMAN			BARBARA	LITZ		
8	15. \ (Yes	Was Deceased , no or unknown	Ever in U. S. Armed For III yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
ţ.		Yes	I WW I		213-03-7965	Mrs.Florence	L.Hohman	(Same)	
0		1B. //	20.11			F DEATH		INTERVAL BETWEEN ONSET AND DEATH	
9		DISEA							
E		(This does r	LEADING TO DEATH	dvina. e.a.	(A)	cute Plyocar	arab Jufi	entry 24 hours	
balm		heart failure,							
E		injuly of con							
		DISEASES C							
Sare		rise to the	e obove couse (A) G CONDITION lost.		(C)				
Suit		ONDERGINA	11						
ore the remai	ATION	TO THE D	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING	TED TO TH					
he	FIC	19A. DATE OF	OPERATION 198. CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED	
9	ERT	3 nou	~			729	210		
peto	_	OR CONTRIBU	NT WAS UNDERLYING DING CAUSE OF medical examiner	21 B. hom etc.)	e, form, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoct locotion)	
Pe	0	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
ained	8	(APPROX.)		Whi	ile At Not Whi				
ŧ l		22. I certify	that (1) (this hospital		he deceased fram		19 66 to J4	4 17 1966	
0			lost saw the decease				at in (my) (aur) op	inian death accurred an the date	
٥		-				view the body after death.	- American		
must		23A. SIGNATU						23B. DATE SIGNED	
		C	Robert 6	3. Keu	M.D. Att	ending Med. Director	Stoff Phys.	Jan 17, 1966	
approval		23C. PHYSICIA NAME (T	70 / / / -	11 -	M.D.	Johns Ho	11. in 14	matel	
	24A	BURIAL CRE	MATION, 24B. DATE Specily)	24C. NA	AME of CEMETERY OF CR		OCATION (C	City, town, or county) (State)	
written		Burial		.966 A	rlington Na	ational A	rlington	Va.	
t	25A	DATE REC'D	BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTOR		. 4905 York Road	
3	_	JAN 19	1966 (P.O. 6	8 901	YayMA ()	010 6 11113	~ DOILD OC	Balto 12. Md.	
	VS	150-REV. 1/1/	65						



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

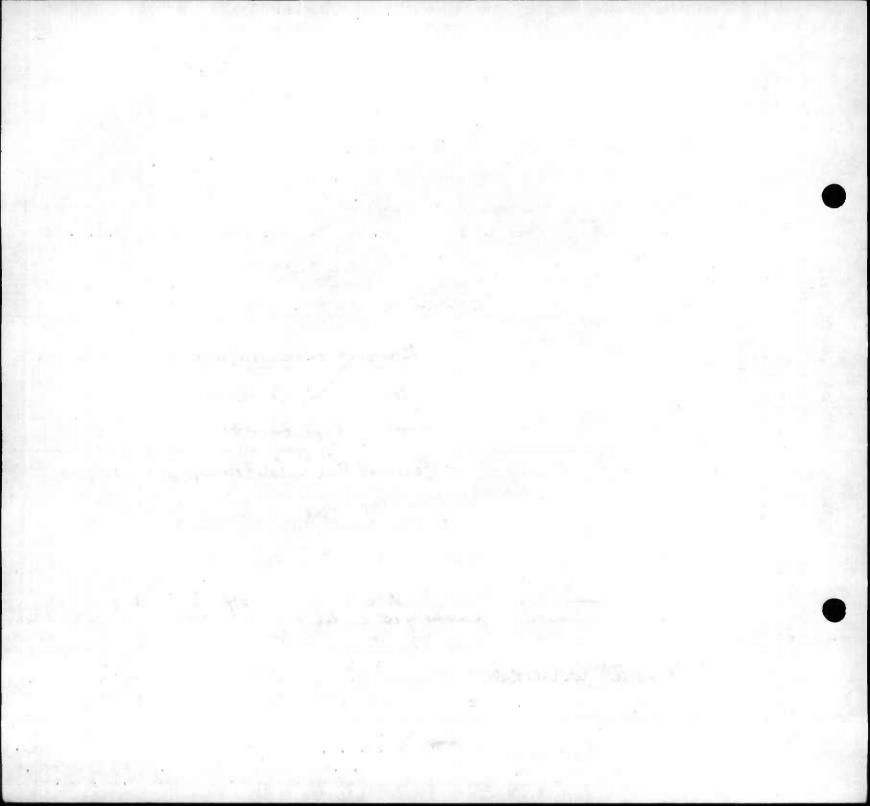
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE CITY	HEALTH DEPARTMENT	CICX	00615
	H NO. GG 01615	CERTIFICAT	TE OF DEATH	Registered Na.	(1001.)
1, N	AME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Тур	LACTOF DEATH IN BALTIMORE MARYLAND	Hunting	clon 1-17	7-66	645 P. M. ion: residence bologe odmission)
J+ 1	the state of the s		A. STATE B. COUNT	Y	A A
F	ULL NAME OF (If not in hospital or institution, give DSPITAL OR oddress or location)		C. CITY OR TOWN (If outs	ide city limits, write RURA	L and give township)
1/	Clair memoral h	Eospital	Baltimor	e mary	Paul
7	Baltimore Mary	land	203 Wende	vol, Read	CIA
5. S		VER MARRIED DIVORCED (specify)	DATE OF BIRTH	. AGE (In yours If Mo	Under 1 Yr., If Under 24 Hrs.
N	la caucasian Si	nale 1	2/14/30	33	
done	USUAL OCCUPATION (Give kind of work 10B, KIND OF BU during most of working life week if retired)	V	1. BIRTHPLACE (State or foreig	n country) 12	CITIZEN OF WHAT COUNTRY?
12	Studens RESER	ARCH	Baltemore	MP.	U.S.A.
13.	Robert W. Willia	rms	Heleh	4:665	
15. V	Vos Doceasod Ever in U. S. Armed Forces? no or unknown)(Iff yes, give wor or dotes of service)	SECURITY NO.	7. INFORMANT		ADDRESS
Y	ESent 1951-1953 0	24-76-9025	ROBERT W.	WILLIAMS	ABONE
	18.053,41	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ca	rdiac Arre		
	(This daes not mean the mode of dying, e.g., heart failure, osthonio, etc. It means the disease,	DUE TD	100146 71114		***************************************
	injury ar camplication which caused death.)	Lett	Loup Atelo	chasis da	المامي المام
	ANTECEDENT CAUSES	DUE TO			
	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	(C) Gener	natived lem to	uitis and	
	UNDERLYING CONDITION last.	Sap	ticemia.		
z	DATUS SIGNIFICANT ORNESTRANG CONTRIBUTING		1		
ATIO	DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
FIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHI	ICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIND	INGS CONSIDERED OF DEATH?
CERTI	1-18-66 pacifornites	O Inter Bias U.	of short 2 CANHERE DID		y, give exact location)
AL	DEATH (notify medical examiner) home, etc.)		or obout 21 C. WHERE DID	tti ili solimoje Cit	y, give exoct locolloss
EDIC		JURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
×	OF INJURY (APPRDX.) While Work	At Not While	a ni.	P	
	22. I certify that (II)(this hospital) attended the			165 10 Jan	
	that (T(we) last saw the deceosed alive on	Jan. 17	19 6 6 and tha	t in (my) (our) opinion	death accurred on the date
	ond hour and from the causes stated abave. (耳()	We) (년년) (did not) vi	ew the bady after death.		
	23A. SIGNATURE	M.D. Atten	ding Med.	Stoff 🖂	DATE SIGNED
	23C. PHYSICIAN'S HOUP flow	Phys.	Director F	Phys.	100
	NAME (Type) KANG FAN	M.D.	UNIONEM	EMORIAL HOS	By The of CA
24A	BURIAL CREMATION, 24B. DATE 24C. NAM	E of CEMETERY of CREA	MATORY 24D. LO	CATION (City, to	An, or county) (Stote)
	Burial 1/19/1966 Gree	enmount	Ba	altimore,	Maryland
25A	JAN 19 1966 () 1 258. NAME OF T	REGISTRAR	25C. FUNERAL DIRECTOR		4905 York Rd.
VS	50-REV. 1/1/65	00	00014	В	alto.12, Md.

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VS 150-REV. 1/1/65

		50.1	11510	BALTIMORE CITY	HEALTH DEPARTMENT		00 00010	
	BIRTH NO. M.E. CASE NO.	60	11616	CERTIFICA	TE OF DEATH	Registered No.	56 00616	
	I. NAME OF DECE	ASED			2. DATE AND HOUR OF DEATH			
	Anton Hatle				Janua	rv 16. 196	66 P M. Ititution: residence before admission)	
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND				4. USUAL RESIDENCE (Whe	ie deceased lived. If inst	titution: residence before odmission)	
					Maryland	1 had	3	
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR addless of location)				C. CITY OR TOWN (If ou	tside city limits write RI	IRAL and give township)	
	INSTITUTION				Baltimore	iside ony minis, with the	OKAL GITE GIVE TOWNSHIP!	
1	20	Harford G	ardens N	ursing		rurol, give location)		
			Home		5906 Bracke	anridge Ave		
de	5. SEX (5. RACE	7. MARRIED, NEV	FR MARRIED	 			
is made	M	W	WIDOWED, DIV	d (specify)	an.11,1879	87	If Under 1 Yr. If Under 24 His. Months Days Hours Min.	
		PATION (Give kind of work orking life, even if retired)	10B. KIND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (State at fore	ign country)	12. CITIZEN OF WHAT COUNTRY?	
disposition	Tailor-Re	tired	Haas Tai	loring Co	. Bihop, Czech		U.S.A.	
0 5	13. FATHER'S NAM	E			14. MOTHER'S MAIDEN NA	ME		
Sp	Frank Ha	tle			Anna Polensl	ka.		
	15. Was Deceased	ever in U. S. Armed For		SOCIAL	17. INFORMANT		ADDRESS	
final	No No	(If yes, give war ar date		SECURITY NO.	Henry F. Ha	+10 /90	ame)	
Œ	119 00 00	# V .	12,1	CAUSE O		rie (ps		
0	18.44	3/		CAUSE O	P DEATH		ONSET AND DEATH	
Pe		OR CONDITION DIS	ECTLY	R.	. 0 10		9 1	
E		t mean the made of	dvina, e.a.,	DUE TO	nclespren	unana	- aays	
balmed	heart failure, a	sthenio, etc. It meons	the disease,					
E		lication which caused	dedin./	Gales	westerote Car	de Carrelle		
0		NTECEDENT CAUSES		DUE IO				
are		obave cause (A)		Alises	u = Kyperters	Seser	13 mo	
		CONDITION lost.		ndmin.n.madapaapaapa	The state of the s			
<u>a</u>		11		0 0	2 1	4.1		
E	OTHER SIGNIF	CANT CONDITIONS C	ONTRIBUTING	Cereb	ral Kerombais	· Hemenles	10 mo	
6	DISEASE OR C	ONDITION CAUSING I	т			, ,		
the remains	19A.DATE OF	OPERATION 198. CON		H OPERATION	20A. AUTOPSY? (Yes of No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?	
0	3 0		love and		Tel			
before	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	home, for	CE OF INJURY (e.g., i im, foctory, stieet, o	fice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact location)	
	DEATH (notify	medical examiner	etc.)					
ained	W OF INTURY	(Month) (Day) (Year)	(Hour) 21E, INJU	JRY OCCURRED	21 F. HOW DID INJ	URY OCCUR?		
=	(APPROX.)		While At	Not While At Work		16		
bto	22 I coetify t	hat (I) (t his hos pitol				1964 10 Jan	16 1966	
0				and the state of t	- 10 / /	174		
pe						of in (my) (out) opine	ian deoth accurred on the dote	
ust	23A, SIGNATUR		ed obove. (I) (W)) (did) (dtd not) v	iew the body ofter death.			
Ē	DA. SIGNATUR	1201 F 1	0	M.D. Atte	ending Med.	Stoff	23B, DATE SIGNED	
	Clia	1 Wall	unedo	Phy	s. Director	Phys.	Jan 18/966	
0	23 C. PHYSICIAN NAME (Typ	oe)			23D. ADDRESS	- (
approval		Charles	W. Edmo	nds M.D.	2746 The Alme	eda		
	24A. BURIAL CREM			of CEMETERY or CRI		OCATION (City	, town, or county) (State)	
9	Burial	1/19/1	Bonen	Lan Ceme	tery of the	timore	762	
written	25A. DATE REC'D		25B. NAME OF RE	Lodge, C	S.P.S. BOL	timore	ADDRESS	
*	JAN 19	1966 1.0. 1	· 2 Jalla	MA	H.W.Jenkins	& Sons Co.	4905 York Rd.	
	145 150 551/ 1/1/1/					Be Be	lto 12, Md.	



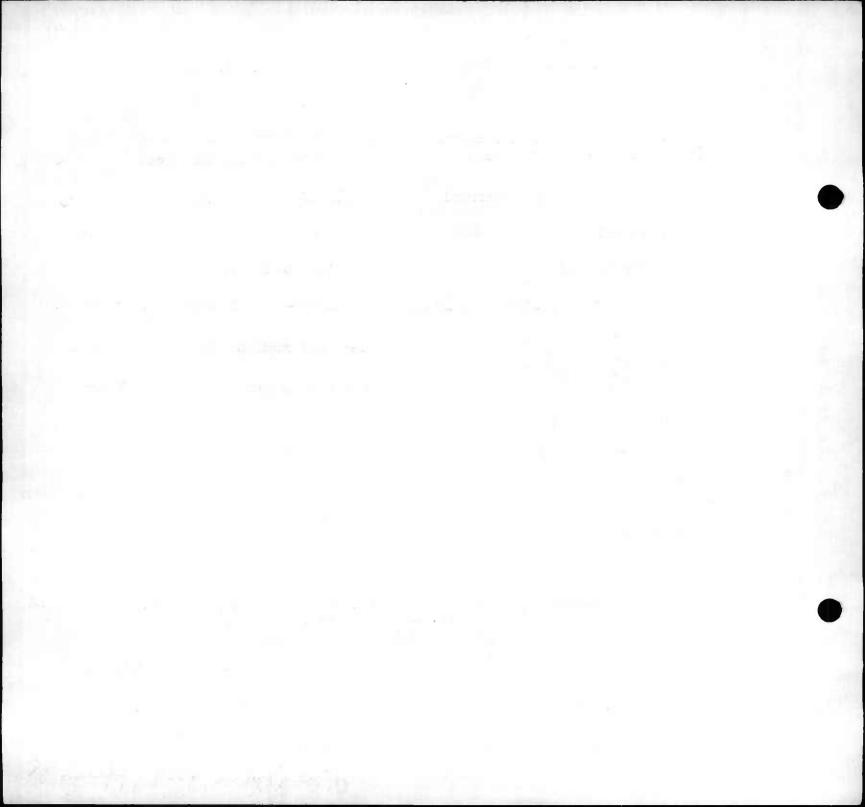
IMPORTANT FUNERAL DIRECTOR:

. 1	10(1		BALTIMORE CIT	Y HEALTH DEPARTMENT	0.00617
0	9 T D O T	3	1 NO. 66 00617 CERTIFICA	Y HEALTH DEPARTMENT ATE OF DEATH Registered No.	() () () ()
	the set	1. N	CASE NO.	2. DATE AND HOUR OF DEATH	010
	- B O E	(Ту	OF Print) MARTORIE GALLAGHER	18- JAN-66	630 Am.
	of of other	3.	ACE OF DEATH IN BATIMORE MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If insti	itution: residence before admission)
	5)		JLL NAME OF (II not in hospital or institution, give street	MARYCAND	BUST
	da (OSPITAL OR oddress or locotion) 1-25-66	C. CITY OR TOWN, Ilf outside city limits, write RU	RAL and give township)
	in a lag cau cause; attend ior to			BAITIMORE MAI	RYLAND SOM
	ing ing after		soouthed Coursel House	D. STREET ADDRESS (If rurol, give location)	Far D1
	buti ned lar d pr		TARYLAND GENERAL HOSPITAL	B. DATE OF BIRTH C 19. AGE (In vers	FORGE MA
	occurred ontribution ermined regular eased pr is made.	3.3	om A/e white MARRIED, NEVER MARRIED WIDOWED, DIVORGED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	O 0		USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY during jmost of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	or co Indet s in dece	1000	HORSE WIFE	MARYLAND	45/2
	D - D 0 8	13.	ATHER'S NAME	14. MOTHER'S MAIDEN NAME	
—	S S		MARIAN MCKee	GRACE HAWKIN	5
Z	stant ne di ind; leath se on	15.	Vas Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
TA.			no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 220-22-9916	GRACE HAWKIN. 17. INFORMANT W. STARR GAllagher 20	5 Rodgers Figor Rd -
ORT	Tit.	-		OF DEATH	INTERVAL BETWEEN
•	S CO CO		3 9 LX		ONSET AND DEATH
3	NSo NSo of oun		LEADING TO DEATH	Reberal VASCULAR ACCIDENT	- 8 days
_	er. Also cture of pronoun lar atter		(This does not mean the mode of dying, e.g., DUE TO heart foilure, osthenia, etc. It means the disease,	PREDERAL UASCALAR Accident	
S.	ner act pr ula		injury or complication which caused deoth.)	Patering Closes -	
10	E T O DO		ANTECEDENT CAUSES (B) DUE TO		
EC	×am ×am ×h ×h		DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C)		
8	_ 0 0 E.E s		UNDERLYING CONDITION last.		
	D S C S	_	11	4	
A	e e e e e e e e e e e e e e e e e e e	ATION		Tension	YEARS
NER	dy ady		DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN	NDINGS CONSIDERED
Z	ch th th ys	CERTIFIC	WAS PERFORMED	1 CERTIFYING CAUS	
FU	5 - 6 - 6	11	OR CONTRIBUTING CAUSE OF home, form, foctory, street,	in or about 21 C. WHERE DfD (II in Baltimore office bldg., fNJURY OCCUR?	City, give exact location)
	アナッセンコ	CAL	DEATH (notily medical examine) etc.)		
	7 7 6	MEDI	2] D. TIME (Month) (Doy) (Year) (Hour) 2] E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
		<	(APPROX.) While At Not White At Work	× LJ	
	こう × × E P		22. I certify that (f) (this haspital) attended the deceased fram		18 JAN 19 66.
	8-4-0		that M) (we) last saw the deceased alive an 18 1AN	19 6 and that in (my) (aur) apini	an death accurred an the date
	be of the orthorn of		and have and fram the causes stated above. M (We) (did) (did not)	view the bady after death.	
	leased to leased to lident of hospital o death)		23A. SIGNATURE		23 B. DATE SIGNED
	- S - S -		Ph Ph	ys. Med. Stoff Phys.	18 JAN60
	as real as a same and a same a		23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	11
	was r An a L at c prior		T.C. C4/1,5 MD M.D.	MARKAND GENERAL	Hospital
	This certificate the body was r shows: (1) An a was D.O.A. at deceased prior written approv	24/	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CI	REMATORY 24D. LOCATION (City,	, town, or county) (State)
	body ws: (1 s D.O.		Burial 1/20/1966 Loudon Park	Baltimore	Maryland
	This certif the body shows: (1) was D.O./ deceased written a	25/	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	Maryland ADDRESS
	the sho was		JAN 19 1966 O.C. 62, January	H.W.Jenkins & Sons Co.	4905 York Rd.
		VS	50-REV. 1/1/65	0010	

M.H.

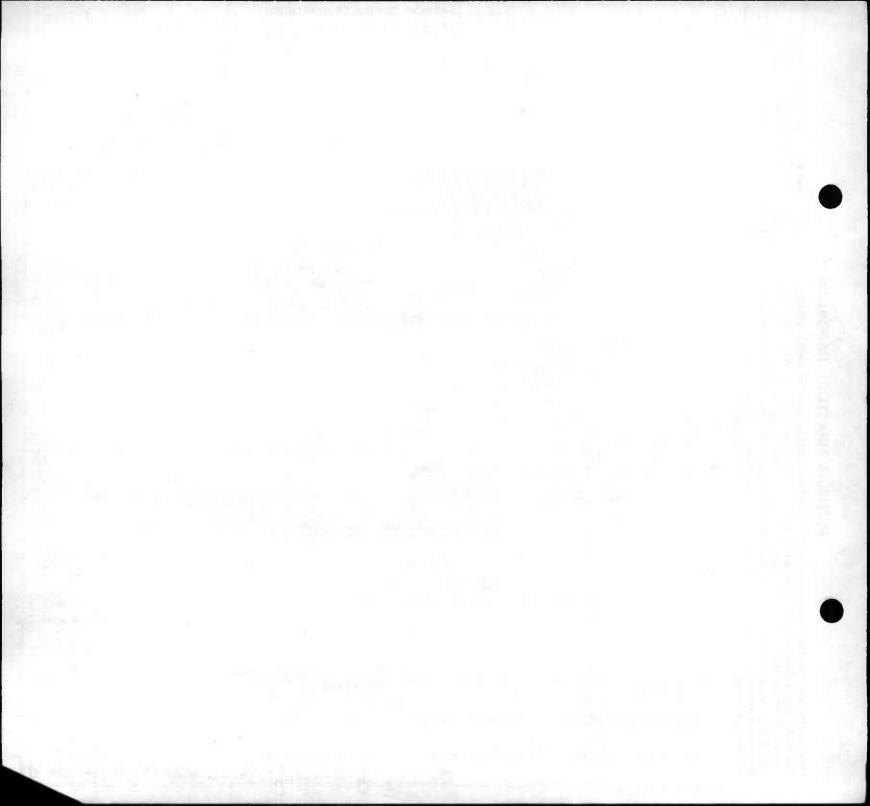
RGB	FUNERAL DIRECTOR: IMPORTANT	TANT	
ortificate must be approved dy was released to the hos	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	sistant if death the direct or co	ntributing cause of death
ii (I) An accident of any nat 3.0.8, at a hospital (except sed prior to death); and (6	shows: (1) An accident of any nature; (2) Body burns; (3) A tracture of any kind; (4) Undeformined cause; (3) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such	kind; (4) Underedeath was in the dece	regular attendance on the assed prior to death. Such

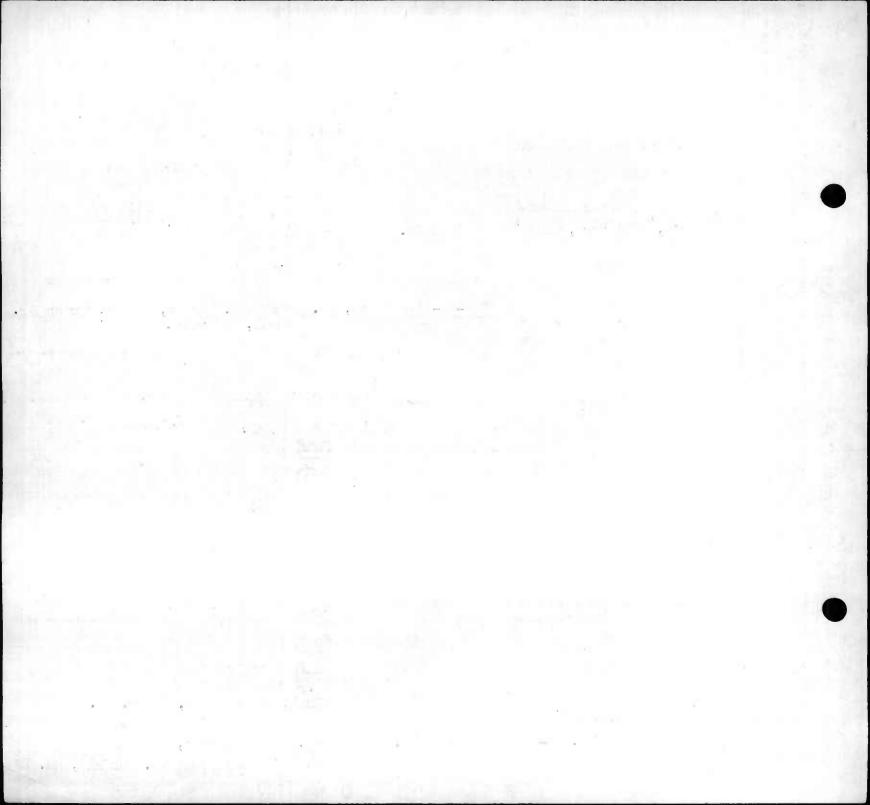
				BALTIMORE CITY				66 00618
BIRT	H NO.	66	11161	8 CERTIFICA	TE OF	DEATH	Registered No.	00 00010
	AME OF DECI						AND HOUR OF DEATH	
	e or Print)	HARRY WI	LLIAM]	BELL		1		6:25 P M.
3. P	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL I	ESIDENCE (WI	here deceased lived. If i	nstitution: residence before admission)
	ULL NAME O	F (If not in hospital oddress or location		give street		Md.		100
INSTITUTION						Baltimo		RURAL ond give township)
X	US Publ	ic Health Ser	vice H	ospital	D. STREET		If rural, give location)	
	Wyman P.	k. Drive & 31	st Stre	eet	J. 318221		Monument St	reet
5. \$		6. RACE	7. MARRIED	, NEVER MARRIED D, DIVORCED (specify)	B. DATE OF		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	M	W		arried	12/11	/14	51	
			108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPL.	ACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
done		working life, even if retired) etired		USN		Md.		USA
13.	FATHER'S NAN	AE			14. MOTHE	S MAIDEN N	AME	
	Ha	rry E. Bell			E	lizabetl	n Za hn	
15.	Was Deceased	Ever in U. S. Armed For	ces?		17. INFORM	ANT		ADDRESS
	es.	USN 1942	2-1962	218-01-4239	Rec	ords_ U	IS PHS Hospit	tal, Balto, Md.
	18. / 6	/ X I		CAUSE O	F DEATH			INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DIR	RECTLY	Tre	cheal	obstruct	tion	Months
	LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO							
1	heorl foilure, osthenio, etc. It meons the diseose,							
					rcinoma of larynx			Years
	ANTECEDENT CAUSES (B) DUE TO							
	DISEASES OR CONDITIONS, if ony, giving							
	rise to the above couse (A) stating the (C) UNDERLYING CONDITION lost.							
		- 11						
ATION	TO THE D	FICANT CONDITIONS C	TED TO TH					
CA	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION				20 A. AU	OPSY? (Yes or	No) 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFIC	2	WAS PER				yes	IN CERTIFYING CA	AUSES OF DEATH?
	OR CONTRIBU	NT WAS UNDERLYING DING CAUSE OF	211 hor	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of	fice bldg., IN	WHERE DID	(If in Boltimo	re City, give exact location)
EDICAL								
MED	21 D. TIME OF INJURY	(Month) (Doy) (Year)		E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
<	(APPROX.)			hile At Not While	e [_]			
	22. I certify that (1) (this hospital) attended the deceased from Dec. 28 1965 to Jan. 15 19 66.							
		last sow the deceose		Tom 75	19 6	/	,	inion deoth occurred on the dote
			and the same of th	(We) (did) (did hoh) v	iew the hou			
	23A. SIGNATO		110		50.	,		23 B. DATE SIGNED
	Aa	ma s	11/2	M.D. Atte	ending	Med.	Stoff Phys. X	1/17/66
	23 C. PHYSICIA	N'S	U	Phy	23D. ADDRES	Director	rhys.	1/11/00
	Thom	ias J. Lau, Si	ırgeon				oital, Balto	. Md.
244	BURIAL CRE	MATION, 24B. DATE		AME of CEMETERY OF CRE				City, town, or county) (State)
1	BURIAL	1-20-6		3 ALTO. NATION		m.		, a/
25A	DATE REC'D	BY HEALTH DEPT.	- Charlet	OF REGISTRAR	210 10	VERAL DIRECTO		ADDRESS OF
VS	JAN 19	1966 P. P. F	1.8,40	Pay MA	TO C	indley	Jeller 233	ed Johnson & .



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

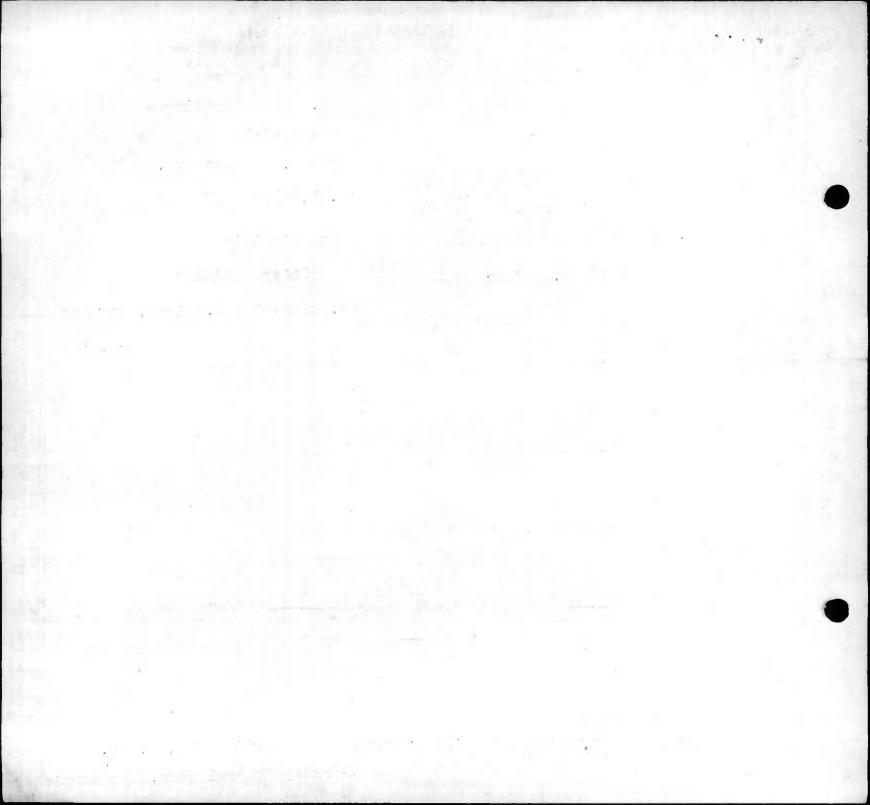
BALTIMORE CITY HEALTH DEPARTMENT	6 00619
BIRTH NO. GG ODG G CERTIFICATE OF DEATH Registered No.	o cross
M.E. CASE NO.	
1, NAME OF DECEASED 2. DATE AND HOUR OF DEATH	
(Type or Print) ELIZABETH PEEFFER 1-15-66	1
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution	on: residence before admission)
FULL NAME OF (If not in hospitol or institution, give street A. STATE B. COUNTY MARYLAND	-01
HOSPITAL OR oddress or location) INSTITUTION (If outside city limits, write RURAL INSTITUTION)	ond give township)
O GOULD CONVALESCENT HOME D. STREET ADDRESS (If rurol, give locotion)	
GOULD CONVALESCENT ATOME D. STREET ADDRESS (If rurol, give location) 2 N. DECKER AVE.	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (specify) 3-23-1880 9. SEX Non Mon	Inder 1 Yr. If Under 24 Hrs.
	CITIZEN OF
done during most of working life, even if retired)	WHAT COUNTRY?
HOUSEWIFE HOME GERMANY	U.S.A.
13. FATHERS NAME	
JOHN PARR MARTHA -	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
(Yes, no grunknown) (If yes, give wor or doles of service) SECURITY NO. Mildelm Pfeffer-2	N. Decker au
18. 1/50, O I CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean let in mode of dying, e.g., bent follows as the rich of disease	4 rear
(This does not mean the mode of dying, e.g., DUE TO	
heart foilure, asthenia, etc. It means the disease, injury or complication which caused death,)	
ANTECEDENT CAUSES (B)	
DUE TO	
DISEASES OR CONDITIONS, if ony, giving tise to the obove couse (A) stating the (C)	
UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDITY IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID ((f in Baltimore City,	discount forefore
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office b(dg., INJURY OCCUR?	, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
While At - Not While -	
(APPROX.)	
22. I certify that (1) (this haspital) attended the deceased from July 1963 to	12 1966
that (1) (we) last saw the deceased alive an	death accurred an the date
and have and from the causes stated above. (1) (We) (did) (did nat) view the body after death.	
	DATE SIGNED
	1/17/66
23C. PHYSICIAN'S	1
NAME (Type) M.D. 5500 18 ways dene	Belle ma.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lov	wn, or county) (State)
BURIAL 1-18-66 MT. OLIVET CEMETERY BALTO. MD.	
25A. DATE REC'D BY HEALTH DEPT. #258 NAME OF REGISTRAR 125C. FUMERAL DIRECTOR	ADDRESS
JAN 19 1966 Och 1 3 334	Jeffers.
VS 150-REV. 1/1/65	





FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	r or his assistant if death occurred in a hospital and . Also, if the direct or contributing cause of death ure of any kind; (4) Undetermined cause; (5) Deceased on ounced death was in regular attendance on the deceased prior to death. Such almed or final disposition is made.

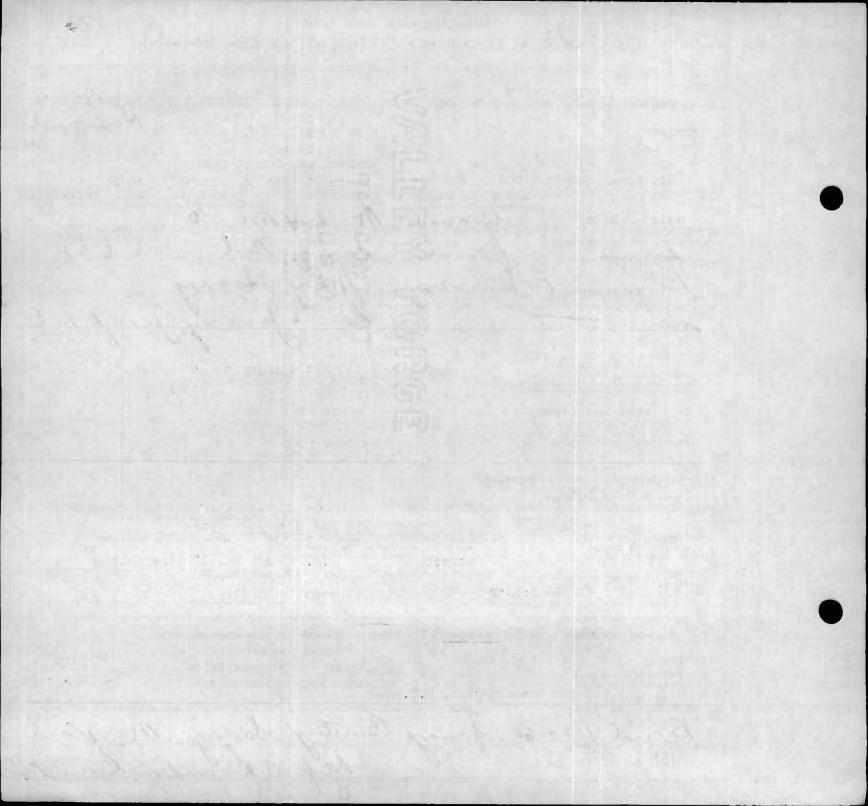
	66 00621	BALTIMORE CITY	HEALTH DEPARTMENT		
BIR	TH NO. 66 UNDER	CERTIFICA	TE OF DEATH	Registered No.	66-44621
1,1	E CASE NO. NAME OF DECEASED pe or Print) Mr David W.		2. DATE AN	D HOUR OF DEATH	3 30
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	70,000			nstitution: residence before admission)
	FULL NAME OF (If not in hospital or institute oddress or location) INSTITUTION DOM La Theran To		Md. C. CITY OR TOWN (If out	Beltimeside city limits, write	11-25/
17	730 CIShburton 1				
5.		RIED NEVER MARRIED		ugusta Ave	
	m W WIDO	web, Divorced (specify) Married	Oct.11,1913	lost birthdoyl 52	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10 B. KIN I ne during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
12	Clergyman FATHERS NAME		West Vire	inia	USA
13.	PATHERS NAME		14. MOTHER'S MAIDER HAM	VIE	
	David W. Ri	ner	Daasy	Aikens	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? es,no ar unknown) (If yes, give war ar dates of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	Yes Peace Time		Mrs. Cather:	ine T. Rin	ner, same as 4
	18. 4/20.11	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
-	DISEASE OR CONDITION DIRECTLY	6	Tourse Oction		ONSET AND DEATH
	LEADING TO DEATH (This does not meen the mode of dying,	e.g., QUE TO	oronary Occlu	3 <i>7 •</i> >>>	
	heart failure, asthenia, etc. It means the dise		,		
	injury or complication which coused death.) ANTECEDENT CAUSES	(B)			
		DUE TO		1866 H OH H H H H WOOGOOD H GOODOO H GOOGOOD	
	DISEASES OR CONDITIONS, if ony, gi				
	UNDERLYING CONDITION Iosi.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE			1 1 1 1 1 1 1 1 1 1 1
I S	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?
CALCE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	fice bldg. INJURY OCCUR?	(If in Boltimer	e City, give exact location)
	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)	While At Work Not While At Work			
	22. I certify that (I) (this hespital) attend	1		9 49 10	Jan. 10 66
		7-X	1 1-		
	that (1) (we) lost sow the deceased alive			of in(my) (our) opi	nion death occurred on the date
	ond hour ond fram the couses stoted abov	e. (I) (We) (did) (did-not) v	riew the body ofter deoth.		
	to A Strate	M.D. AH	ending Med.	Stoff	1/16/66
	Xester - The	Phy	s. Director	Phys.	1/16/20
	123C PHYSICIAN'S NAME (Type) LESTER A. WALL	JR. M.D.	1039 SX. Pa	14/5/ 2	1202
24	A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY . 24D. LC	OCATION (C	ity, town, or county) (State)
		Rosedale Ceme	tery Man	tinsburg	W Vo
25	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	JAN 19 1966 P.O. HE.	College M.A.	Kirkley Fu	meral Hon	e, Glen Burnie
VS	150-REV. 1/1/65	6 6 6	0 6 2 0		

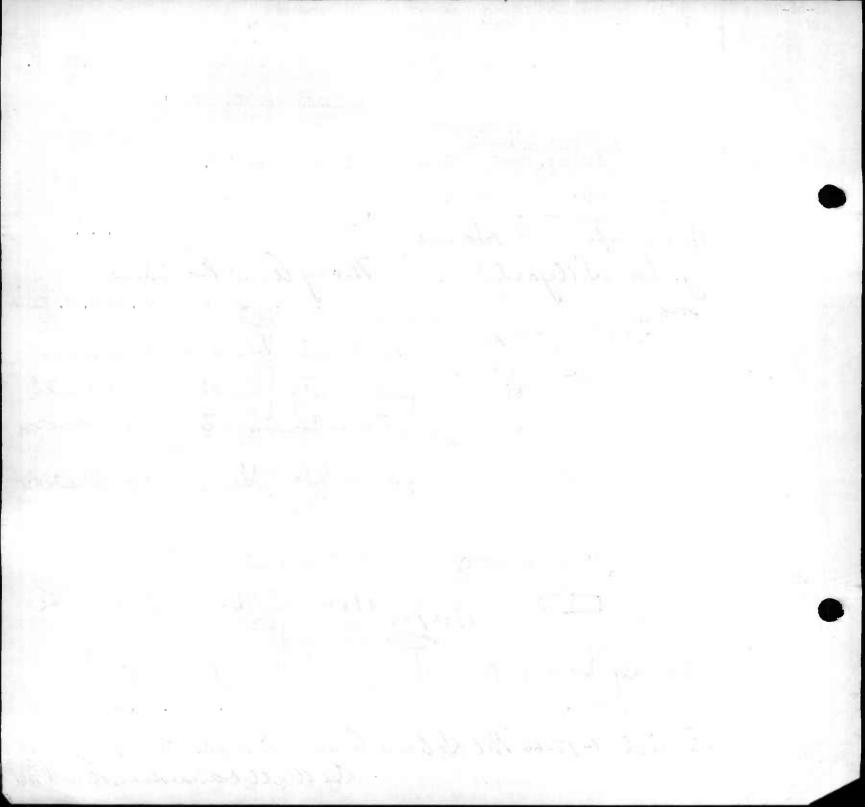


BALTIMORE CITY HEALTH DEPARTMEN	T

66	00	623

A.E. CASE NO.	
NAME OF DECEASED Type of Print) MELITAL TOURNESS	2. DATE AND HOUR PRONOUNCED DEAD
MELVIN JOURNEY PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	January 11, 1966 6:25 PM
	A. STATE Maryland B. COUNTY
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
ISTITUTION	Jessups
	D. STREET ADDRESS (If ruial, give locotion)
St. Agnes Hospital DOA	Route 32 Box 35 Annapolis Junction
male white 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday) Nonths Doys Hours Min
A. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTR	Y 11. SIRTHPLACE (Store of foreign country) 12. CITIZEN OF
ne during most of working life, even if retired)	Sarvas Med. WHAT COUNTRY?
FATHER'S NAME	TA. MOTHER'S MAIDEN NAME
Blogamin to January	Mary Harney
WAS DECEASED EVER IN U.S. ARMED FORCES? es, no or unknown (If yes, give wor or dotes of ervice) SECURITY NO.	17. INFORMANT ADDRESS
mo -	Louis Journey leased hel
18 8/2 4 CAUSI	E OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	C C C C C C C C C C C C C C C C C C C
LEADING TO DEATH (A) Mutlip	le traumatic injuries
(This does not meon the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)	
milety or complication that costs costs.	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	yes IN CERTIFYING CAUSES OF DEATH?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED (21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING FOR WHICH OPERATION WAS PERFORMED UNDERLYING OR CONTRIBUTION OF CAUSE OF INJURY (e.g., home, farm, foctory, sheet, etc.) (21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF CAUSE OF DEATH.	yes IN CERTIFYING CAUSES OF DEATH? yes In or obout 21C, WHERE DID (If in Boltimore City, give exoct location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED (21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY OCCURRED	yes Some Causes of Death? in or obout 21C. Where DID office bldg., INJURY OCCUR? U.S. 1 near Md. 32 intersection 21F. HOW DID INJURY OCCUR?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	yes IN CERTIFYING CAUSES OF DEATH? yes In or obout 21C, WHERE DID (If in Boltimore City, give exoct location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 17A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION COURSED UNDERLYING OR CONTRIBUTION STREET, fociory, sheet, of INJURY (e.g., home, farm, fociory, sheet, of INJURY (APPROX.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22.	yes Ves Ves Ves Ves Ves Ves Ves Ves Ves V
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	yes in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY occur? U.S. 1 near Md. 32 intersection 21F. How DID INJURY occur? while X pedestrian struck by auto
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	yes in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) office bldg., INJURY OCCUR? U.S. 1 near Md. 32 intersection 21F. How DID INJURY OCCUR? while pedestrian struck by auto stopsy X and that on this basis, death in my opinion de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	yes in or obout 21C. WHERE DID office bldg., INJURY OCCUR? U.S. 1 near Md. 32 intersection 21F. HOW DID INJURY OCCUR? WHILE X pedestrian struck by auto propsy X and that on this basis, death in my opinion Hamicide Undetermined manner CHIEF MEDICAL EXAMINER
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	yes in or obout 21C. WHERE DID office bldg., INJURY OCCUR? U.S. 1 near Md. 32 intersection 21F. How Did INJURY OCCUR? WHILE X pedestrian struck by auto propsy X and that on this basis, death in my opinion Hamicide Undetermined manner Chief Medical EXAMINER
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	yes in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR? U.S. 1 near Md. 32 intersection 21F. How DID INJURY OCCUR? WHILE X pedestrian struck by auto propsy X and that on this basis, death in my opinion the Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 1-12-66
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	yes in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR? U.S. 1 near Md. 32 intersection 21F. How DID INJURY OCCUR? WHILE X pedestrian struck by auto propsy X and that on this basis, death in my opinion the Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 1-12-66
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	yes in or obout 21C. WHERE DID office bldg., INJURY OCCUR? U.S. 1 near Md. 32 intersection 21F. HOW DID INJURY OCCUR? WHILE X pedestrian struck by auto propsy X and that on this basis, death in my opinion Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 1-12-66 or CREMATORY 23D. LOCATION (City, town, or county) (State) Carrellary Xarran Maryland
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	yes in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR? U.S. 1 near Md. 32 intersection 21F. How DID INJURY OCCUR? WHILE X pedestrian struck by auto propsy X and that on this basis, death in my opinion the Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 1-12-66
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	yes in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) office bldg. INJURY OCCUR? U.S. 1 near Md. 32 intersection 21F. HOW DID INJURY OCCUR? WHILE X pedestrian struck by auto propsy X and that on this basis, death In my opinion the Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 1-12-66 or CREMATORY 23D. LOCATION (City, town, or county) (State)



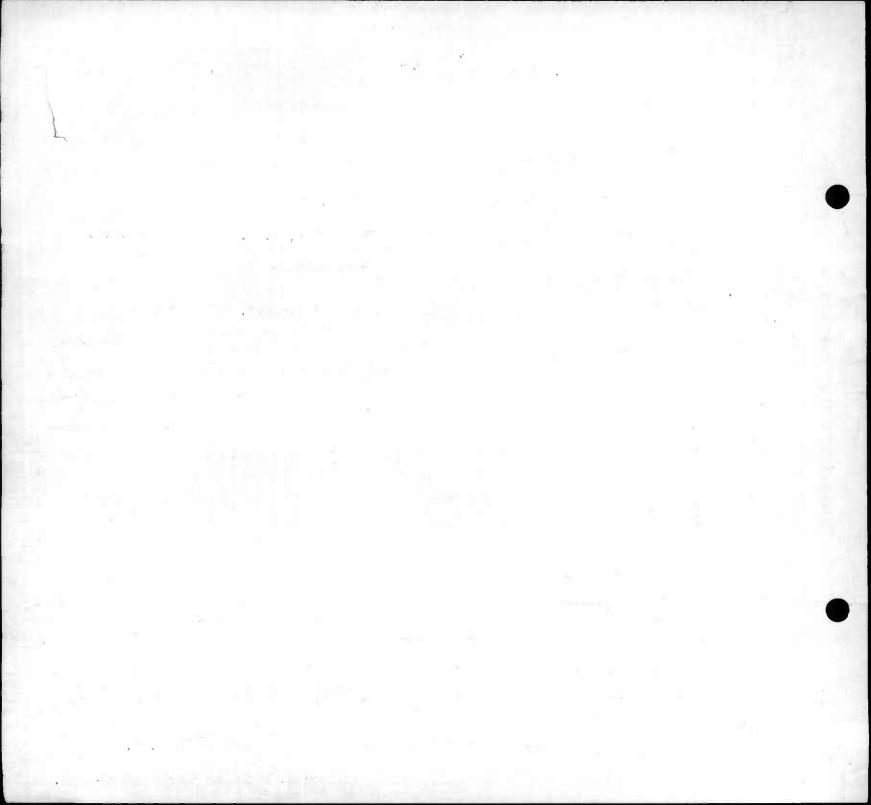


IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistont if deoth occurred in a hospitol and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An occident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physicion was in regular attendance on the deceased prior to deoth. Suchwritten approval must be obtained before the remoins are embalmed or final disposition is made.

BA	LTIMORE	CITY	HEALTH	DEPARTME	ì
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M.E. CASE NO.	66 00624	CERTIFICA		2. DATE AND HOUR OF DEATH	7 ^
(Type or Print)	O V.	*,		January 13, 1966	1930A.
3. PLACE OF DEATH IN E	ose C. King		4. USUAL RESID	ENCE (Where deceased lived, If in	stitution: residence before admission
FILL MALE OF W	The state of the s	L/4	A. STATE	B. COUNTY	27-19
FULL NAME OF (III HOSPITAL OR OF	not in hospital or institution, Idiess or location)	give street	C. CITY OR TOW	rland VN (If outside city limits, write F	RURAL ond give township)
in sitto tion			Ba	eltimore	
U			D. STREET ADDR	tESS (If rurol, give location)	
122				Sheridan Avenue	
SEX 6. RACE		D, DIVORCED (specify)	B. DATE OF BIRTH	lost birthdoy)	Months Doys Hours Min.
female wh	ite widowe	E BUSINESS OF INDUSTRY	Nov 12, 1	1887 77 State or foreign country)	12. CITIZEN OF
one during most of working lit		F BOSINESS OK INDUSTRI	III. BIRTHPLACE	State of total gn country)	WHAT COUNTRY?
Housewife			Washingto	on, D. C.	U.S.A.
3. FATHER'S NAME			14. MOTHER'S M		
Thomas Mone	y		Nora Ket	ttner	
5. Was Deceased Ever in	J. S. Armed Forces? give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO		NONE		Lambert, 1230 She	ridan
18. 420.1	1	CAUSE O	E DEATH	idial Interest	INTERVAL BETWEEN ONSET AND DEATH
	ONDITION DIRECTLY G TO DEATH	a ta	50	51	24 Aus
	The mode of dying, e.g.	, DUE TO	WORLD AND IN	e arterio clarotti. Hes	of London
	, etc. II means the disease which caused death.)		THE C		ease 16 you
ANTECE	DENT CAUSES	(B)		AUCH AND STORY	
DISEASES OR COM	DITIONS, if ony, giving	DUE TO	200	- 1 0 9 1 1	A-A
rise to the abave	cause (A) stating the	(C)	1 Cyria	- Brook of work	w Zana
	11		- 0. 1	- a nur - edema, s	senere 2 hus
	CONDITIONS CONTRIBUTING TO TO TO CONTRIBUTIONS CONTRIBUTIONS TO TO TO TO CONTRIBUTION CAUSING IT.		Cardin	Torquestive fail	lue 2 hrs.
19A. DATE OF OPERAT	ON 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY	? (Yes or No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING DEATH (notify medical	UNDERLYING 21 CAUSE OF ho exominer) etc	B. PLACE OF INJURY (e.g., in me, form, factory, street, of)	n or obout 21 C. WF	GERE DID (If in Boltimore OCCUR?	City, give exoct location)
21D. TIME (Month)	(Doy) (Year) (Hous) 21	E. INJURY OCCURRED	21 F. HO	W DID INJURY OCCUR?	
(APPROX.)		hile At Not While At Work			
22. I certify that (I)	(this hospital) attended		12 Jan	~ 1966 to	13 Jan 1066
	w the deceased alive an	121	~ 1966		nian death occurred an the da
	ne causes stated above.	J			
23A. SIGNATURE	^ - / /				23B. DATE SIGNED
1079	pht this	Phy	s. Di	ed. Stoff Phys.	1-13-66
23 C. RHYSICIAN'S NAME (Type)	DSP.DH.F.	Li Piramo.	23D. ADDRESS 8400	Loch Raven B	LVd. BALTO, 4
24A. BURIAL CREMATION REMOVAL (Specify)	24B. DATE) 24C.N	AME of CEMETERY of CRI	MATORY	24D. LOCATION (Ci	ty, town, or county) (State)
Burial	1-17-66 co	dar Hill Cemet	OWIT	25hington	NO MO
SA. DATE REC'D BY HEA	TH DEPT. 258. NAME	OF REGISTRAR	25C. FUNERAL	DIRECTOR	ADDRESS
JAN 19 19	66 (Polout E. 4	Chaldrey Mill	Leonar	d. Ruck Inc 5305	Harford Road
/S 150-REV. 1/1/65	7	0000		62 0	y series to the state of



shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any was D.O.A. at a hospital (except where the physician who pronounced

was in regular attendance on the

death

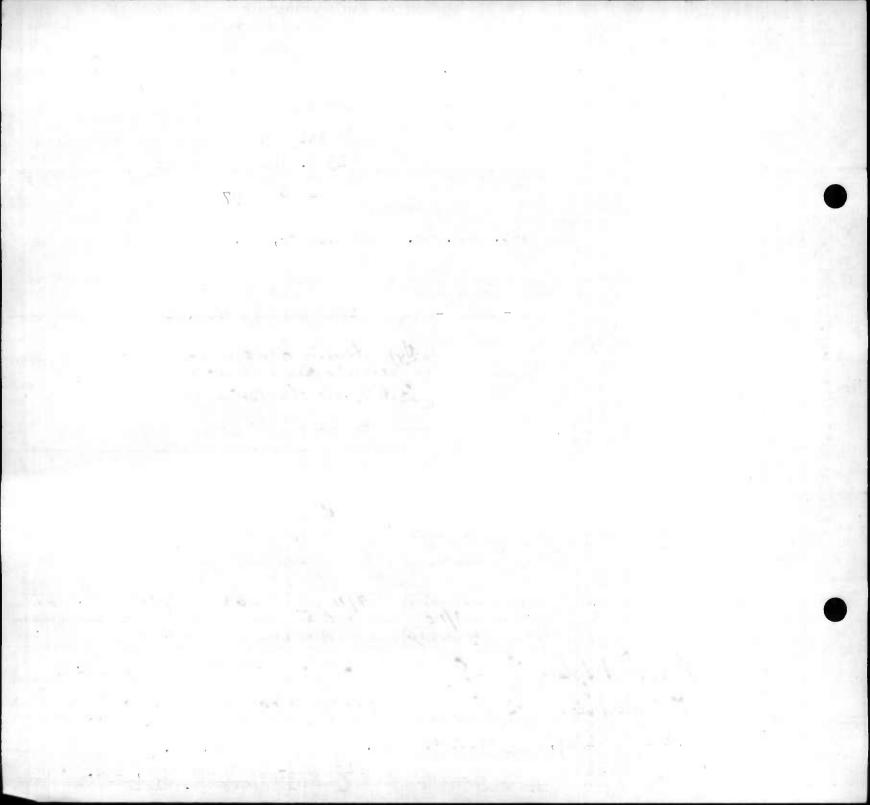
occurred in a hospital and

1		TY HEALTH DEPARTMENT 66 00625
-	DIRTH NO. 66 00625 CERTIFICA	ATE OF DEATH Registered No.
uch	M.E. CASE NO. 1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
Su	(Type or Print) NATHAN C. SMITH	1/15/66 6:30 P. M.
eath.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
0	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) INSTITUTION	Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)
or to	4611 Windsor Mill Rd-7	Baltimore D. STREET ADDRESS (If rurol, give (ocotion)
prior		4611 Windsor Mill Rd
mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In yeors lift Under 1 Yr. If Under 24 Hrs. Months Ooys Hours Min.
is is	Male White Married 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST	Feb. 21 1895 70 RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
dece	done during mast of working life, even if retired) Chauffeur Oil Co	Wilkes Barre, Pa. USA
e SSit	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
n the dispos	Ward Smith	Unknown
E P	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
90	(Yes, no or unknown) (If yes, give wor or dotes of service) Yes WW-1	Mrs. Mary F. Smith (Widow)
r fi		OF DEATH INTERVAL BETWEEN
attendance med or fina	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH DISEASE
THE THE	LEADING TO DEATH	OKONAKY ATHEROSELEKOSIS
L 8	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	OKOMAKY MHEROSEE EROSIS
ola The	injury or camplicolian which caused death.) ANTECEDENT CAUSES (B)	HT HEMIPLEGIA - OLD I year
D) 0	DISEASES OR CONDITIONS, if any, giving	ABETES MELLITUS ? years
_ 0	rise to the above cause (A) stating the (C)	, , ,
ins	UNDERLYING CONDITION last,	
ın was ii remains	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
an L	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	,
physician ore the re	194. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ore	II O IZIA, ACCIDENT WAS UNDERLYING 1218, PLACE OF INJURY (e.g.	, in or about 21 C. WHERE DID (If in Baltimore City, give exact location)
S S	DEATH (notify medical examiner)	office bldg., INJURY OCCUR?
(6)	OF INJURY (Month) (Ooy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
D in	(APPROX.) White At Work Not W	rk 🗀
and obtair	22. I certify that (I) (+his hospital) attended the deceased from	5-6 1963 10 1- 15 1966.
(60	that (1) (we) last saw the deceased alive an 10	19 6 and that in(my) (aux) apinian death accurred an the date
leath);	and haur and fram the causes stated above. (I) (Wa) (did) (did not	view the bady after death.
0 5	23A. SIGN ATURE	23B. DATE SIGNED
2 =	Hen Isluman	hys. Ned. Stoff Phys. 1-18-66
prior to	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS D. 5'907 Hurson Oal One 21207
d b	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	REMATORY 24D (Cation (City, town, or county) (State)
	Burial 1/19/66 Lorraine	
ritten	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Park Cem. Balto.
P ×	JAN 19 1966 () 0 0 0 0 0 0	Mitchell-Wiedefeld Home. Inc.

VS 150-REV. 1/1/65

Mitchell-Wiedefeld Home, Inc.

	BALTIMORE CITY HEALTH DEPARTMENT							
- 11	BIRTH NO. 66 00626	CERTIFICA	TE OF DEATH	Registered No.	20000			
	M.E. CASE NO. 1, NAME OF DECEASED (Type or Print)	SchmuLL		D HOUR OF DEATH	1800			
	3. PLACE OF DEATH IN BALTIMORE, MARYCAND	- may	4. USUAL RESIDENCE When A. STATE B. CDUN	e deceosed lived. If instit	ution: residence before odmission)			
	FULL NAME OF (If not in hospital or instituti	on, give street	Maryland	6-0				
	INSTITUTION Park Hilly	Tursing Homo	C. CITY OR TOWN (If out		(AL and give fownship)			
9	0	/		rurol, give location)				
				wood Avenue				
	Forule white her	WED, DIVORCED (specify).	11/15/1868	97	If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.			
	IGA, USUAL OCCUPATION (Give kind of work 108, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?			
		. Can. Co.	Baltimore, 1	ld.	USA			
	13. FATHER'S NAME		14. MOTHERS MAIDEN NAM	AE				
	Unknown 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (IIf yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT NOWN		ADDRESS			
	no _		Miss Anna So	hmuff (Nie	(0)			
5	18. 443 X 1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH			
3	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) Alyx	entensive and	artico-	chiorie			
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disea	e.g., DUE TO	levetic Heart,	alieuse	A Section of the sect			
	injury ar camplication which caused death.) ANTECEDENT CAUSES	(B) and	icanless tio		chronic			
0	DISEASES OR CONDITIONS, if any, give	DUE TD	о о о о о о о о о о о о о о о о о о о	***************************************	45 (P-3-5-5 0 + 0 0 0 0 0 0 0 0 0 0 0 0 1 0 1 0 0 0 0			
3	rise to the abave cause (A) stating UNDERLYING CONDITION last.							
	11							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING (T.	TING THE						
0		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	DINGS CONSIDERED			
	198. CONDITION FOR WAS PERFORMED WAS PERFORMED WAS DESCRIPTION OF THE PERFORMENT WAS UNDERLYING		ano	IN CERTIFYING CAUS				
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID	(If in Boltimore C	ity, give exact location)			
3	21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
	(APPRDX)	While At At Work						
	22. I certify that (1) (this hospital) attended			1963 10 /	14 1965			
9	that (1) (ye) last saw the deceased alive	/		at in (my) (out) oplnic	on death occurred on the date			
	and haur and from the causes stoted above	a. (1) (We) (did) (did not) v	iew the bady after death.	12	3B, DATE SIGNED			
	Laure V Show 7	CC 2 M.D. Atte	ending Med.	Stoff Phys.	1/14/66			
	23 C. PHYSI CIAN'S NAME (Tyge)	•	23 D. ADDRESS		11/10			
	Laure Street ku	Ell. M.D.	3205W- Kog	en Un Ba	elto bud			
3	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 240 LO	OCATION (City,	town, or county) (State)			
	Burial 1/17/66	Baltimore Ce		Balto. Md.	4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8			
	1831 d p 1999 d	AE OF REGISTRAR	Mitchell-Wi	edefeld Hon	ne, Inc.			
	VS 150-REV. 1/1/65	E,656,10-0-	0 66500	York Rd. 21	212			



				BALTIMORE CITY	HEALTH DEPARTMENT		00 0000	7
	TH NO.	66	0062	7 CERTIFICA	TE OF DEATH	Registered No.	66 0062	(
1.1	E. CASE NO. NAME OF DECEASED pe or Print)				2. DATE A	ND HOUR OF DEATH	0	00.5
	PLACE OF DEATH IN E	KATHER	RINE F	LOOKS	4. USUAL RESIDENCE (Wh	1-13-66] 9	.00 PM
	FULL NAME OF	not in hospital a	or institution.	give street	MARYLAND			ore comission,
	HOSPITAL OR OF INSTITUTION THE JOHNS	HOPKINS		ITAL	BALTIMORE	utside city limits, write l	RURAL ond give towns	hip)
10						frurol, give locotion) UGHBY ROAD)	
11 _	SEX 6. RACE	HITE	7. MARRIED, WIDOWEL	NEVER MARRIED D, DIVORCED (specily)	8. DATE OF BIRTH 4-5-06	9. AGE (In years lost birthday)	If Under 1 Yr. If Months Doys Hou	Under 24 Hrs.
102	USUAL OCCUPATION				11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF	272
dor	Secty., Treas	S.	Elect	ric Co.	New York St	ate	U.S.A.	
13.	FATHERS NAME				14. MOTHER'S MAIDEN NA	AME		
		PIERRE	FISH		Arethusa I	Poff		
15. (Ye	Was Deceased Ever in s, no or unknown) (If yes,	U. S. Armed Ford	es?	213 - 36 1370	17. INFORMANT		ADDRESS	
	No			213-36-1370	Mr. Robert J.	Flooks, Same	as # 4	
	LEADIN (This does not mean heart laiture, asthenic injury or complication	p, etc. II means which coused DENT CAUSES IDITIONS, if a cause (A)	dying, e.g., the diseose, deoth.)	(A) PUR DUE TO	tured aute	rior Commu	INTERVAL E	
ATION	OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDIT	BUT NOT RELATION CAUSING IT	TED TO TH	E				
RTIFIC	19A. DATE OF OPERAL	WAS PERF	ORMED	WHICH OPERATION	YES	IN CERTIFYING CA	FINDINGS CONSIDERI USES OF DEATH?	ED
AL CE	21A. ACCIDENT WAS	CAUSE OF	2 VB	ne, lorm, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	a City, give exoct loca	tion)
MEDIC	OF INTURY	(Doy) (Yeor)		ile At Not While		JURY OCCUR?		
	22. I certify that (I)			. ()	-8-	1966 to		1966
	that (I) (we) lost sa	w the decease	d alive and	X 7 pm 1-1	3196_6ond t	hot In (my) (aur) opi	nion death occurred	d on the date
	ond hour ond from the couses stoted obove. (1) (We) (did) (dld not) view the body ofter deoth. 23A. SIGNATURE M.D. Attending Med. Stoff Phys. (1-13-66)					66		
	23C. PHYSICIAM'S NAME (Type)	U.S. 0. 115	MATCH		23D. ADDRESS		SPITAL	
24	A. BURIAL CREMATION		MATSU 24C.N	AME OF CEMETERY OF CR			ity, town, or county)	(Stote)
C	remation	Jan 15	1966	Green Mount	Crematory E	Baltimore Cit		
	A. DATE REC'D BY HEA JAN 20 1966	LTH DEPT.	-	OF REGISTRAR	25C. FUNERAL DIRECTO		1050 York R Towson 4, M	
VS	150-REV. 1/1/65	Morriero	1	6 6 0 1	0000			

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Accordance Accordance

	BALTIMORE CITY HEALTH DEPARTMENT 66 00628					
	TH NO. 66 006	CERTIFICA	TE OF DEATH Registered	No.		
1,1	E. CASE NO. NAME OF DECEASED	1) 1-1	2. DATE AND HOUR OF DE	ATH.		
	pe ai Print) Clara S	, Wheatley	15 Jan. 6	6. 3 m.		
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	2/28/66	A. STATE B. COUNTY	. If institution; residence before admission)		
	FULL NAME OF (If not in hospital or instituti	on, give street	and Galoro	. 102		
	HOSPITAL OR oddress or lacotical)	MENDED	C. CITY OR TOWN (If outside city limits,	wiite RURAL ond give township)		
4	Pavetti Convatucent	tome	D. STREET ADDRESS (If wild, give lacofia	PAIL EASTERNAVE		
. A	18.92111 (0)10001000111	//	-1145 4H10000 B	21224		
0		IED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.		
E S.	Finale White William	WED. DIVORCED (specify)	10 Mars 86 lost birthday	Manths Doys Haurs Min.		
10	The state of the s	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign county)	12. CITIZEN OF		
dai dai	RETIRED H	OUSE WORKS	Marchand (Balt. atg)	WHAT COUNTRY?		
13.	FATHER'S NAME	TO SE VI CONTROL	14. MOTHER MAIDEN NAME			
2	JOHN BIG	G5	EMILY CAR	DUER		
	Was Deceased Ever in U. S. Armed Farces? s,no or unknown) (If yes, give wor or dotes of servi	16. SOCIAL	17. INFORMANT	ADDRESS		
(Ye	NO	security Nd.	The Called 222 84	Ventured 21721		
	18. // 4 / \	CAUSE O	F DEATH	INTERVAL BETWEEN		
io B	DISEASE OR CONDITION DIRECTLY		0 1	ONSET AND DEATH		
E	LEADING TO DEATH	(A)	Trinchipminoney	48		
BO	(This does not mean the made of dying, heart failure, asthenio, etc. It means the dise	,				
E	injury or complication which caused death.) ANTECEDENT CAUSES	(B)				
0	DISEASES OR CONDITIONS, if ony, give	DUE TO				
0	rise to the obove couse (A) stating					
The remains	UNDERLYING CONDITION last.					
E Z	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING APPLIA	nd to en			
ATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE ASUVIO,	Codarach, Cra	averal years		
FIC		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, V	VERE FINDINGS CONSIDERED		
ERT G	0		eric			
CAL CERT	OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, factory, street, a etc.)	fice bldg., INJURY OCCUR?	Itimore City, give exact location)		
WEDI	OF INJURY	21E, INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?			
	(APPROX.)	Work At Work				
00	22. I certify that (1) (this hospital) attended the deceased from 14 110 19 64 to 19 66 ,					
0	that (f) (we) last saw the deceased alive	4/) opinion deoth accurred on the dote		
IST	and hour and from the couses stated above	e. (I) (We) (did) (did not) v	iew the body ofter death.			
must	23A. SIGNATURE	M.D. AH	ending Med. Stoff	23 B. DATE SIGNED		
5	23C. PHYSICIAN'S	Phy	S. Director Phys. 23D. ADDRESS	10 Jane 6		
2	NAME (Type)		+ 11 02 -H	et 21221		
24	A. BURIAL CREMATION, 24B. DATE 240	M.D.	MATORY 24D. LOCATION	(City, town, or county) (State)		
	REMOVAL (Specily)	A STATE OF THE STA				
25.	BURIAL 1-18-66 A. DATE REC'D BY HEALTH DEPT. 258, NAM	OAK LAWN CE		ERN BLUD BALTOIMD		
	JAN 20 1966 R.C. 62.	Stall MA	101 1 101	S. CONKLING ST.		
	150-REV. 1/1/65	4660	songell so goller	BALTO, 24, MD.		

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VS 150-REV. 1/1/6S

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	00.01	BALTIMORE CITY	HEALTH DEPARTMENT	
	BRTH NO, 66 01	CERTIFICA	TE OF DEATH Regist	ered No. 66 00829
	M.E. CASE NO. 1. NAME OF DECEASED	<i>C</i> ,	2. DATE AND HOUR O	F DEATH
		S. LOKING	1.17.6	M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLA		A, STATE B, COUNTY	lived. If institution: residence before admission)
	FULL NAME OF (If not in hospital or in HOSPITAL OR oddress or location) INSTITUTION			nits, write RURAL and give township)
200	PS 11 1 Hour	Knowlad	peany con of	26-09
-	25 Elineb How	" Jacan	D. STREET ADDRESS (If rurol, give to	
qe	S. SEX 6. RACE 7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In	
is mad	FW	WIDOWED, DIVORCED (specify)	11.17.81 lost bighdoy	
	10A. USUAL OCCUPATION (Give kind of work 10B done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
isposition	houseurfe		Baltimore, Maryla	nd U.S.A.
500	13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	
disp	eserge Flur	/	men four	3.
	13. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of	service) 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
fina	NO		John M. Loring 1004	S. Bayliss St. #24
0	18. 493 XI	CAUSE O	FDEATH	INTERVAL BETWEEN ONSET AND DEATH
9	DISEASE OR CONDITION DIRECT	TLY	cen would	desi
balme	(This does not mean the mode of dynheart failure, asthenia, etc. It means the			
pp	injury or complication which coused dec			-
E	ANTECEDENT CAUSES	(B)DUE TO		
are	DISEASES OR CONDITIONS, if ony, rise to the above couse (A) sta	and the second s		
	UNDERLYING CONDITION lost.	ing ine (C)	00000 00 PAO PA 00 H 80 D H H H H OH 00 00 0H O DH H O OH H H H H H H H H H H H H H	
פו	- II			
remains	O THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TRIBUTING TO THE		35
e the	19A. DATE OF OPERATION 19B. CONDITI	ON FOR WHICH OPERATION MED	20 A. AUTOPSY? (Yes or No.) 20 B. IF Y	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH?
before	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)		in Bolsimore City, give exoct locotion)
	21D. TIME (Month) (Doy) (Yeor) (H	lour 21 E. INJURY OCCURRED	21 F. HOW DID INJURY OCCU	R?
ained	OF INJURY (APPROX.)	While At Work Not While At Work	e	
bta	22. I certify that (I) (this hospital) of		. 16.66 19 1	0. 1. 17-68 19
0				(our) opinion deoth occurred on the date
9	ond haur and from the causes stated			
must	23A, SIGNATURE			23 B. DATE SIGNED
	RS. Clerepan	M.D. Atte	ending Med. Stoff Phys.	41
N 0	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	- 14 7
approval	RodoCA	to 1-4AGPAKI	by Church thorn	Mospelal
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (State)
len	Burial 1-20-66	Sacred Heart	Cemetery 7401 Gen	man Hill Rd. Balto. Md.
=		NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS

901 S. Conkling St. #24

Henry Court - His lamen pearly can a Elieret Tow beginsel fort 5 Baylin 11.17.81 84 Law May Lament mein feury shoope Flury permana 5000 Red with more part of the person for

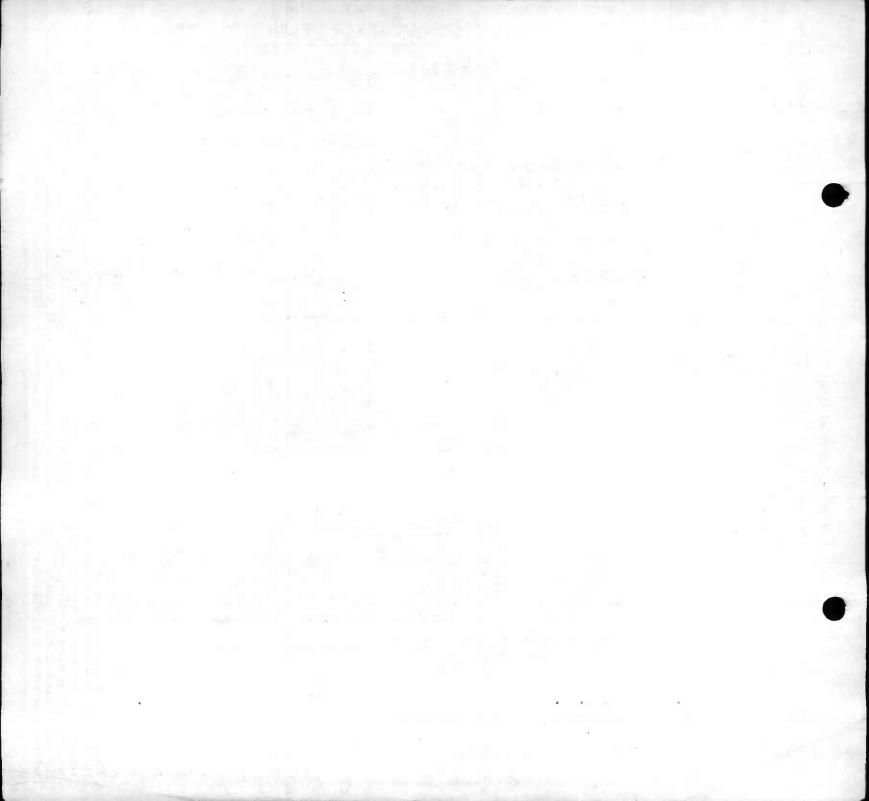
	66 00630	BALTIMORE CIT	Y HEALTH DEPARTMENT	66	00630
	H NO. . CASE NO.	CERTIFICA	ATE OF DEATH	Registered Na.	
1, N	AME OF DECEASED TO PRINT! LUCAS, MASON	CARLYLE	1/1	3 66	10:25F
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where de	BALTIMO	
F	FULL NAME OF (If not in hospital or institute oddress or location) NSTITUTION	tion, give street		city limits, write RUR	AL and give township)
3/	MERCY HOSP,			give locotion)	WOOD 5300
5. \$	EX 6. RACE 7. MAR	RIED, NEVER MARRIED			
		OWED, DIVORCED (specify)	2/2//00 lost	68	Under 1 Yr. If Under 24 honths Doys Hours Min
done	USUAL OCCUPATION (Give kind of work 108, KIN e during most of working life, even if retired) A INTEMANCE MASS SHER				2. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		PEMBROKE,		0, 5:71
13.	LUCAS JOHN B	•	CHARLOTT	~	
15. (Yes	Was Deceased Ever in U.S. Armed Forces? , no or unknown) (If yes, give wor or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	YES W.W. 1	213-10-1419	MARY C, LUC	AS	5
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE	DF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the made of dying,	e.g., OUE TO	C.V.A	CONTO	
	heart failure, asthenia, etc. It means the disc injury ar camplication which caused death.)	ease,			
	ANTECEDENT CAUSES	(B)	offuse A.S.C.V.	۵	
3	DISEASES OR CONDITIONS, if any, g	iving	10		
	rise to the above cause (A) stating UNDERLYING CONDITION last.	The (C)	BBB2 40 11 2 11 10 11 11 11 11 11 11 11 11 11 11 11	0 0 0 0 0 0 0 0 0 0 m 0 m 0 m m 0 0 0 0	
	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBITO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE probabe	is my ocordinal i		
ERTIFIC	WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 IN	B. IF YES, WERE FIND	DINGS CONSIDERED S OF DEATH?
CAL CI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore Ci-	ty, give exact location)
MEDICAL CERTIFICA	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not Wh Work At Work		OCCUR?	
	22. I certify that () (this hospital) attend		,	56.to	1/13 1966
	that (N)(we) last saw the deceased alive	on 1/13	19 66 and that i		
- 11	and have and from the causes stated above	ve. () (We) (did) (did hot)	view the bady after death.		
	23A. SIGNATURE	01.	tending - AA-d - St-E	1/	B. DATE SIGNED
11	priolia Col	Lohyer M.D. At	tending Med. Stoff ys. Director Phy	s. 🗸	1/13/66
	23C. PHYSICIAN'S NAME (Type) MARIA PIA CALI	SINI M.D	23D. ADDRESS MERCY	HOSP.	
24A	BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CI		TION (City, t	own, or county) (State
	BURIAL 1-17-66	SACRED HEAR		GERMAN	HILL RO, BALTO,
25A	JAN 20 1966 A C. S. S.	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	:/ 9n1	ADDRESS
VS	150-REV. 1/1/65	Contraction 1	Colored A. M.	uer 101	Comment on

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the IMPORTANT FUNERAL DIRECTOR:

	BALTIMORE	CITY HEALTH DEPARTMENT	50 01100 £
	BRTH NO. 66-00955 66 00631 CERTIFI	egistered No. 10 00631	
	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND H	DUR OF DEATH
		nnen JAN-1	8-66 300 AM
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COUNTY	eased lived. If institution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL DR oddress or location) INSTITUTION	Maryland C. CITY OR TOWN (If outside	city limits, write RURAL and give township)
4		Baltimore	
	Maryland General Hospita	D. STREET ADDRESS (If rurol,	give locotion) am St. 30
made.	S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specif	B. DATE OF BIRTH 9. AC	FE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
2	10A, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (State or foreign co	ountry) 12. CITIZEN OF
ion	done during most of working life, even if retired)	Maruland	WHAT COUNTRY?
osit	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
disposition	Everett A. Finnen	Alameda	Barnes
_	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	1125 William St.
fina	· · · · · · · · · · · · · · · · · · ·	Mother	Baltimore Md. 30
0	18. 773.51 CAU	SE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
1	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Read a mind Decrees	Durens 2 dress
balmed	(This does not meon the made of dying, e.g., (A) !	KESP, RATION DISTRUS	SYNSPONE 2 drup
pq	hearl failure, osthenio, etc. Il meons the diseose, injury ar complication which coused death.)	0.0 =	
E	ANTECEDENT CAUSES (B)	PREMATURITY	2 days
are	DISEASES OR CONDITIONS, if ony, giving		
	rise to the above cause (A) stating the (C) UNDERLYING CONDITION lost.	0.00 (0.00 0.00 0.00 0.00 0.00 0.00 0.0	
remains	- 11		
ren	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
0	DISEASE OR CONDITION CAUSING IT. 194. DAZE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 201	IF YES, WERE FINDINGS CONSIDERED
e th	WAS PERFORMED C-SEENON	IN	CERTIFYING CAUSES OF DEATH?
before	OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF DEATH (notify medical examine?)	(e.g., in or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore City, give exoct locotion)
	D 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?
ained		While Work	
bta	22. I certify that (this haspital) attended the deceased from		6 to 300 AM. JAN 18 19 66.
0	that (!) (=>) last saw the deceased alive an	AN-18-19 6 6 and that in	(my) (var) apinion death accurred an the date
t be	and hour and from the causes stated above. (1) (186) (did) (did)		
must	23A. SIGNATURE		23 B. DATE SIGNED
	Horus V. alser M.D.	Attending Med. Stoff Phys. Phys.	1/18/66
approval	23 C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	2-11
bbc	Louis O. Ulsen	M.D. Maryland (several Hogo.
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specify)	OF CREMATORY 24D. LOCAT	ION (City, town, or bunty) (State)
ter	Burial 1 19 1966 Meadowridge	e Dorse	y, Md.
written	JAN 20 1966 Record & Strand	25C. FUNERAL DIRECTOR	ADDRESS
	VE 150 BEV 1/1/6	Mc Cully	130 E. Fort Ave

Western A. France ! RELIGIOUS LATERED SYNDROME PREmaranany 1 5/60 Foris O. almon 29/31/1 Maryland Court 1/27 Louis D. Ocsel

LILLA DO ODODO BA	ALTIMORE CITY	HEALTH DEPARTMENT		600
BIRTH NO. 4-35800 66 00632 C	ERTIFICA	TE OF DEATH	Registered No.S	0.0635
1. NAME OF DECEASED ,		2. DATE AN	ID HOUR OF DEATH	
(Type or Print) Stella, Cabeza	C C		1-18-16	1 /0' 2 11 11
3. PLACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (Whe	re deceosed lived. If ins	titution: residence before odmission)
FULL NAME OF (If not in hospital or institution, give stree hOSPITAL OR oddress or location)	t	C. CITY OR TOWN HIS OU	and. Iside city limits, write RL	JRAL and give township)
3		Baltil	nore #	2/223
South Baltimore GENEPAI	Hosp.	D, STREET ADDRESS (III	Manrae (irele.
5. SEX 6. RACE 7. MARRIED, NEVER 7 WIDOWED, DIVOR	MARRIED CED (specify)	12-25-19/11	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINES	S OR INDUSTRY	11, BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Child		Baltimo	PE Md.	WHAT COUNTRY
3. FATHERS NAME		4. MOTHER'S MAIDEN NA	ME 11 -S	cicinko
Francisco Cabez	ast	Elizab	Eth La	esinzinKo.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCI	URITY NO.	17. INFORMANT		ADDRESS
NO		TAN: 14		DA Me
18. 493 X I	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	10.	Pnoumari	^	2 Weeks
(This does not mean the mode of dying, e.g., heart failure, astheria, etc. It means the disease,	DUE TO	2		
injury or complication which coused death.)	1	DAIC ands	· ta	
ANTECEDENT CAUSES	(B)	EUC WLOV		00000
DISEASES OR CONDITIONS, if ony, giving				
UNDERLYING CONDITION lost.	(C)	10 ⁴⁴ 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	19606	20 thro mli	venia.	
DISEASE OR CONDITION CAUSING IT.				
198. CONDITION FOR WHICH O WAS PERFORMED	PERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form,	OF INJURY (e.g., in foctory, street, offi	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY	OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.) While At Work	Not While At Work			
22. I certify that ##(this hospital) attended the decea	sed from	1-12	19 66 10	1-18 1966
that (we) lost sow the deceased alive on	1-18.	19 6 6 and the	ot in (amp) (our) oplni	on death occurred on the date
and haur and from the causes stated above, (1) (We) (a	did) (did not) vi			
23A. SIGNATURE	2			38 DATE SIGNED
1º11 Decemb	A.D. Atten	ding Med. Director	Stoff Phys.	1-18-66.
M. Benrooz, M. D.		BD. ADDRESS South Baltimore	General Ho	sp.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of C	EMETERY OF CREA	AATORY 24D. LO	OCATION (City,	town, or county) (State)
	wied g	e L	Elkridge	md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIST	RAR	25C. FUNERAL DIRECTOR	: 1 0	ADDRESS 2



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roved by the chief medical examiner or his assistant if death occurred in a hospital and I he hospital by a medical examiner. Also, if the direct or contributing cause of death	÷	÷	P
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9 4	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🕜	=	₽ P B
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8 6	0	SE	-
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	sh	3	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	-11	200	

BIOT	н но. 66 00633		HEALTH DEPARTMENT	Registered No.S	6 00633
M.E	. CASE NO. AME OF DECEASED		TE OF DEATH	D HOUR OF DEATH	
(Тур	e or Print) FUNK, L	ILLIE MAE	1-	18-66	5:55A M
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When A, STATE B, COUN		stitution; residence before odmission)
1-	ULL NAME OF (If not in hospital or institut IOSPITAL OR oddress or location) NSTITUTION	ion, give street	MARYLAND C. CITY OR TOWN (If out	HOWARD side city limits, write R	URAL ond give township)
1	7 ST. AGNES HOS	DITAL	ELKRIDGE		63-00
7		PITAL		rural, give location) CE AVENUE	
	EMALE WHITE WIRE	ARR PED (specify)	2-24-18	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIN) during match working life, even if relired) HOUSEWIFE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fare) VIRGINIA	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. [FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
	HERMAN GOOD		ALICE WOOL	D	
5. V	Nos Deceased Ever in U. S. Armed Forces? ,na or unknown) (If yes, give war ar dotes af servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO	?	Mr. Maury J. Funk	.1935 Furna	ce Ave. Elkridge,M
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF		mor	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	e.g., DUE TO			
ATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gi rise to the obove cause (A) stoling UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBL TO THE DEATH BUT NOT RELATED TO	TING			
	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED
ERTIFIC	WAS PERFORMED			IN CERTIFYING CAU	ISES OF DEATH?
C	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., ir hame, farm, foctary, street, af etc.)	or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(II in Baltimore	City, give exact tocotion)
0	21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work		URY OCCUR?	
	22. I certify that (1) (this hospital) ottend that (1) (we) last saw the deceased alive ond hour ond from the couses stoted above	ed the deceased from JANUARY 18	19 66 and the	9 66 to JAN at in(my) (aur) apin	UARY 18 19 66
	23A. SIGNATURE	hi			23B. DATE SIGNED
	23C. PHYSICIANS NAME (Type)	Phy:	Med. Director 23 D. ADDRESS	Stoff Phys.	1-18-66
24A	BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specily)	C. NAME of CEMETERY OF CRE	MATORY 24D. LC	OCATION (Cit	y, tawn, or county) (Stote)
	Burial 1-21-1966	Meadowridge		Elkridge, Md.	
25 A		ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
VS	JAN 20 1966 Res 2. 4	Wayna O	F.C. Higinbot	hom,Ellicott	City, Md
			-		

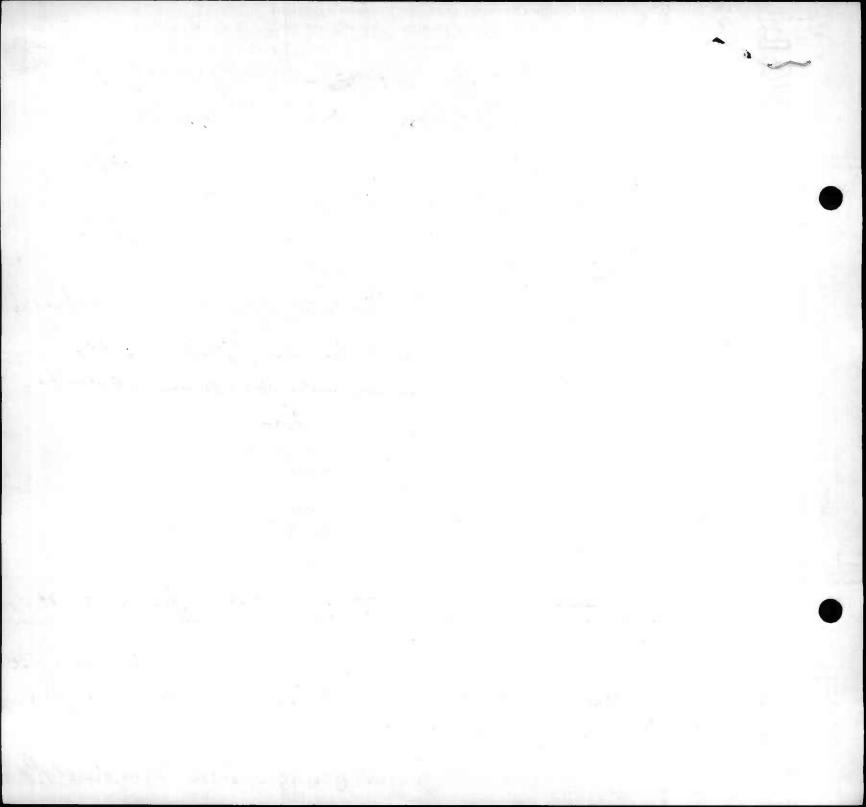
ASS:S 31-51-Y 31, MILE 3.2334 = 1,22 TATION SELECTION Fig. 1-10-1 GERMAN STIME TEATH This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

	66 30634 BALTIMORE C	ITY HEALTH DEPARTMENT	66 00634
BIRTH NO.		ATE OF DEATH Registered No.	vo 00094
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
(Type or Print) Louis	EDWARD EANES	1-17-66	12:10 P
3. PLACE OF DEATH IN BALTIM	ORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If i	nstitution: residence before admission
	hospitol or institution, give street	MARYCAND, BALL C. CITY OR TOWN (If outside city limits, wite	TIMORE 8-0
INSTITUTION	or location)	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
UNIVE	esity HospiTAL	BALTIMORE	
8	•	D. STREET ADDRESS (If rural, give location)	EN STREET
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	THE RESERVE TO 18
MALE W	WIDOWED, DIVORCED (specify)	1-10-11 lost birthdoy 54	Months Doys Hours Min.
	nd of work 10B. KIND OF BUSINESS OR INDUST		12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even	if retired)	VIRGINIA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	U.S.A.
	HOMAS EANES	MARY LOW BEL	CHE L
15. Was Deceased Ever in U. S. A (Yes, no or unknown) (If yes, give w		17. INFORMANT	ADDRESS
		PATIENT	SAM 6
		OF DEATH	SAME INTERVAL BETWEEN
18.	₩ 12	OF DEATH	ONSET AND DEATH
DISEASE OR CONDIT	DEATH S		
(This does not mean the	mode of dying, e.g., A SDUE TO		
heart failure, asthenia, etc.	means me disease,		
ANTECEDENT	CALLES	PULMONARY EDEMA	YZDAV
10.1			
rise to the above cau	NS, if any, giving	MYOCARDIAU INFARETTO	N Kr DAX
UNDERLYING CONDITION	last.		
H	E / >		
OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING		
TO THE DEATH BUT NO DISEASE OR CONDITION CA	OF RELATED TO THE A 1		
	98. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
W 214 ACCIDENT WAS UNDER	DIVING TO THE PROPERTY OF THE	in a sharifal C WHERE DID	City of a constitution of
OR CONTRIBUTING CAUSE OEATH (notify medical examin	OF home, form, foctory, street,	g., in or about 21 C. WHERE DID (If in Boltimo) office bldg., INJURY OCCUR?	re City, give exact location)
U		21F. HOW DID INJURY OCCUR?	
S OF INJURY		Vhile	
(APPROX.)	Work At W	ork	
22. I certify that (I) (this	haspital) attended the deceased from	1/17 1966 to	1/17 19 49
that (1) (we) last sow the	deceased alive on 1/17	19 65 ond that in (resp) (our) op	
	ses stoted obave. (1) (We) (did) (did not		
23A. SIGNATURE	222 2.3.00 00010. (g) ("0) (u1u) (u1u)	, the body offer deoffi.	23B. DATE SIGNED
	M.D.	Attending Med. Stoff	1/2/1//
margare	1 c. Laug, MD.	rnys. Director Phys. D	1/1/104
23C. PHYSICIAN'S NAME (Type)	ARET E. LANG M.D.	23D. ADDRESS	Raymon mal
24A. BURIAL CREMATION, 24B.	DATE 24C. NAME of CEMETERY of	articologically respective,	ity, town, or county) (Stote
REMOVAL (Specify)			VI.
	18/66 Hickory Grove M	ethodist Rockingham Co	., Va.
25A. DATE REC'D BY HEALTH DE		25C. FUNERAL DIRECTOR 1217 St. Pa	ul St. ADDRESS
	On HE TREENING O O	Web Cook Brooks Inc Balt	
VS 150-REV. 1/1/65			

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This certificote must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decensed was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to deoth. Sich written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

			BALTIMORE CITY H	EALTH DEPARTMENT			
		TH NO.	35 CERTIFICAT	E OF DEATH	Registered No.	6 00635	
	1. N. (Typ	CASE NO. AME OF DECEASED PLACE OF DEATH IN BALTIMORE, MARYLAND	ng. Cop	Wan Jan		66 // 4TP. M. tion: residence before odmission)	
	F	FULL NAME OF (If not in hospital or institute oddiess or location) NSTITUTION	jon, give street	a. STATES B. COUN My Cle C. CITY OF TOWN (III out	side city limits, write RUR	AL and give township)	
	0	3002 axx	agreed the	D. STREET ADDRESS (If)	rydd, gi ye locgdion MCHfills	e ane	
	5. 5		RIED, NEVER MARRIED 8. DIVORCED (specify)		60	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.	
	done	e fluring most of working life, even if retired) FATHER'S NAME FATHER'S NAME TO THE STATE OF	tamant	KURSLA. MOTHERS MAIDEN NAM		WHAT COUNTRY?	
1		Was Doceased Ever in U. S. Armed Forces?		1 Core ?		APDRESS	
	(Tes	s.nb og/unknown) (If yes, give war or dates of servi	Ph	us Kate Coy	plan - 500 3	2 Letchfreed a	
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF	Le Agozardial	Synction	INTERVAL BETWEEN ONSET AND DEATH	
		(This does not mean the made of dying, heart failure, asthenia, etc. II means the dise injury or complication which coused deoth.) ANTECEDENT CAUSES		rosdorotee H	ery Disease	15 molls	
2		DISEASES OR CONDITIONS, if ony, girise to the obove couse (A) sloting UNDERLYING CONDITION tost.	•	2~			
	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		no			
	ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	O 208. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?	
10190	CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in chome, form, foctory, street, officetc.)	or obout 21 C. WHERE DID e bldg., INJURY OCCUR?	(If in Baltimore Ci	ty, give exact location)	
3	MEDI	21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED While At Not While Mork Not Work		URY OCCUR?		
		22. I certify that (I) (this bospital) attended the deceased from 1964 to 1964 to 1966 that (I) (we) last saw the deceased olive on 1966 and that in (my) (contropinian death occurred on the date					
		and have and from the causes stoted abov 23A. SIGNATURE Manuel Le	M.D. Attend		Stoff Phys.	B. DATE SIGNED	
2010	244	23C. PHYSICIAN'S NAME (Type) MANUEL L	EUIN M.D.	D. ADDRESS Plest	instan Co	Batte Ma.	
	25A	A. RURIAL CREMATION, 24B. DATE 24 JEMOVAL (Specify) A. DATE REC'D BY HEALTH DEPT. 25B. NA	Della Tallo ME OF REGISTRAR	25C. FUNERAL DIRECTOR	oodlawn	own, or county) (Stote) ADDRESS	
	VS	JAN 20 1966 P.C. A. E.	Fail of a Del	defencer	1º Din -6	ON Keest Re	



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

	HEALTH DEPARTMENT			
DIRTH NO. 66 00636 CERTIFICA	TE OF DEATH Registered No.			
I. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH			
BITSS DACK.	1.19-66. 1HM			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, Il institution: residence before admission) A. STATE B. COUNTY			
FULL NAME OF (If not in hospital or institution, give street	MARYLAND BALTIMIRE.			
HOSPITAL OR oddress or locotion) INSTITUTION SINAL HOSPITAL.	C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
	BALTIMERES. D. STREET ADDRESS (If rurol, give location)			
BELVEDERE AVE CIREBUSPRING				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED WHOMED, DIVORCED (specify) M'ARRIED D	B. DATE OF BIRTH 9. AGE (In years lost birthday) 1 If Under 1 Yi. If Under 24 Hrs. Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foleign country) 12. CITIZEN OF WHAT COUNTRY?			
done during most of working life, even if retired) CHAUFFEUR Cab Owner	1			
13. FATHER'S NAME	Baltimore, Md. U.S. H.			
Morris Bass	Unknown			
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS			
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. 214-03-0969	Belle Bass 5527 Lynview Ave Balto, 15 Md.			
18.450,01 CAUSE'O	F DEATH INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY	ac. to begge			
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	escureric "Tomobas-			
heart failure, asthenia, etc. It means the disease,				
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) Control ANTECEDENT CAUSES				
DUE TO (
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the (C)				
UNDERLYING CONDITION last.				
_ 11				
O THE DEATH BUT NOT RELATED TO THE	AL HERNIA.			
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED			
1-11 and 1-18 WAS PERFORMED LANIA, POST OF	IN CERTIFYING CAUSES OF DEATH?			
U 21A, ACCIDENT WAS UNDERLYING TO A 288 PLACE OF INLUSTICAL OF				
OR CONTRIBUTING CAUSE OF forme, forth, loctory, street, of DEATH (notify medical examiner)	fice bldg., INJURY OCCUR?			
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
S OF INJURY				
(APPROX) Work At Work				
22. I certify that (this hospital) attended the deceased from 1	2-27-65 19 10 1-19- 1966,			
that (we) last sow the deceased alive an	19band that in(my) (our) opinion death occurred on the date			
and hour and from the causes stated above. (1) (We) (did) (dtd-net)	riew the bady ofter deoth.			
23A SIGNATURE	23 B. DAJE SIGNED			
M.D. Atte	ending Med. Stoff Phys. // 9/6/e			
5 1 1 2 2	23D. ADDRESS			
Dr. V. Satome Vice Cas Rec M.D.	SINAI HOSPITAL			
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRI	MATORY 24D, LOCATION (City, town, or county) (Stote)			
Burial 1/20/66 Norkmen Circle Cos				
Burial 1/20/66 Workmen Circle Ces 25a. Date REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Metery German Hill Road 125C. FUNERAL DIRECTOR ADDRESS			
IAN 20 1066 O O LO ILO				
VS 150-REV. 1/1/65	Sol Levinson & Bros 6010 Reisterstown Rd.			
1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

Alata Marketen 3-19 th cu 301731413 HIATAL HERVIH and the second second second second second second and the same was a second of the same

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attendance

BIRTH NO.

M.E. CASE NO. I, NAME OF DECEASED

(Type or Print)

FULL NAME OF HOSPITAL OR

INSTITUTION

retired

13. FATHER'S NAME

5. SEX

oddress or location)

DEPT.

6. RACE

done during most of working life, even if retired)

Joseph J. Price

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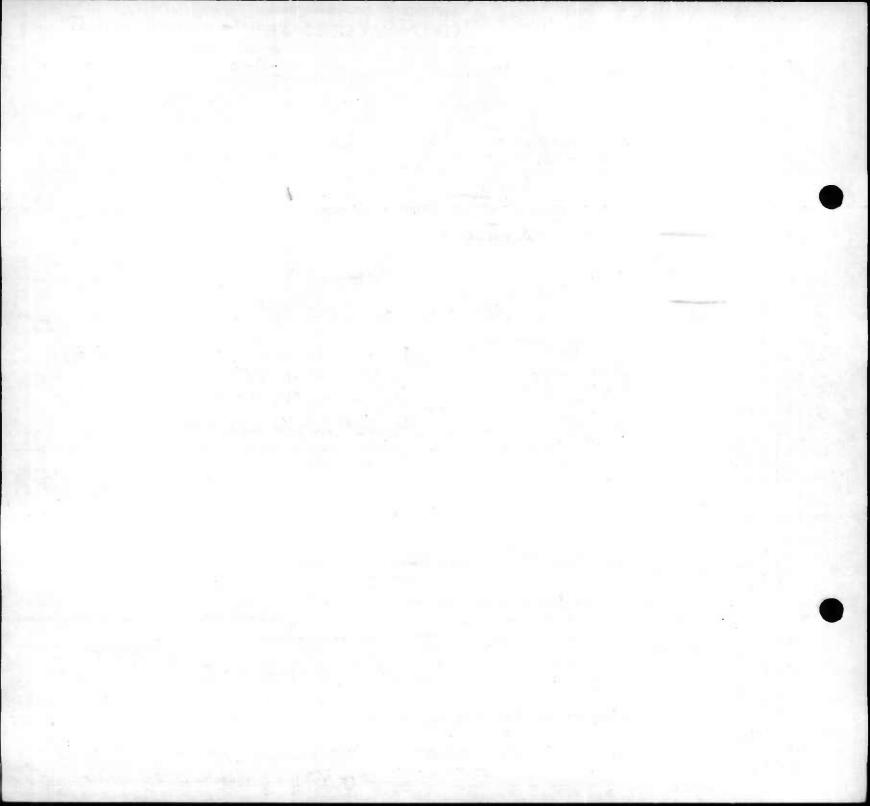
Was Deceased Ever in U. S. Armed Forces

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 66 0063" 66 00637 CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 1-17-66 12:10 Price, Howard Milton
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY A. STATE Baltimore City Md (If not in hospital or institution, give street C. CITY OR TOWN (If outside city limits, write RURAL and give township) Bon Secours Hospital Baltimore 2025 W. Fayette St D. STREET ADDRESS (If rural, give location) Baltimore 23. Md. 412 S Pulaski St 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours lost birthdoy) 10-21-1897 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA 14. MOTHER'S MAIDEN NAME Saunders 15. Was Deceased Ever in U. S. Armed rurces.
(Yes, no or unknown)
(If yes, give wor or dotes of service) 17. INFORMANT 6. SOCIAL ADDRESS SECURITY NO. Edna Pugh sme address CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, asthenio, etc. Il means the disease, injury or complication which coused deoth,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the obove cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21°C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore/City, give exact location) OR CONTRIBUTING _ CAUSE OF DEATH (notify medical examiner) otc.) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive an... and that In(my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE. SIGNED Attending Med. Stoff AA. D Phys. L Phys. Director ___ 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Bon Secours Hospital - Medical Clinic M.D. Gholamreza Per Pezeshkian 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

23



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and of the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approved must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY HEALTH DEPARTMENT					
- 14	M.E. CASE NO. 66 00638 CERTIFICATE OF DEATH Registered No. 66 00638					
- 11	(Type or Print) Nellie E. Hubband, 2. DATE AND HOUR OF DEATH (66) 3 P. M.					
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND We work a State FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospitol or institution, give street oddress or location) (If not in hospitol or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL ond give township)					
4	D. STREET ADDRESS (If rural, give location) 3/ Mar / and Ave.					
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED Ispacify) 8. DATE OF SIRTH 9. AGE (In years lost birthday) Manths; Days Hours Min,					
	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Address of working life, even if retired) None 12. CITIZEN OF WHAT COUNTRY?					
	13. FATHERS NAME Richard Morris 14. MOTHERS MAIDEN NAME SateRa, Bara					
	15. Was Deceased Ever in U. S. Armed Forces? IYes, no or unknown) (If yes, give wor or dotes of service) NO NO NO 16. SOCIAL 220.44.1328 Lawrence Hubbard Same as 4 D					
	This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death,) CAUSE OF DEATH (A) DUE TO INTERVAL BETWEEN ONSET AND DEATH (A) DUE TO DUE TO					
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tost.					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? IYes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location)					
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?					
	21D. TIME (Month) [Doy) [Yeor) [Hour) 21E. INJURY OCCURED While At Work At Work					
	22. I certify that (this hospital) attended the deceased from 1966 to 1966 to that (we) lost saw the deceased alive on 1966 and that in (au) (our) opinion death occurred on the date and hour and from the causes stated above. (We) (did) (did not) view the body after death.					
	23A. SIGNATURE M.D. Attending Med. Sloff Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S 23D. ADDRESS					
	DR. HARRY J. BROWN M.D. Union Memorial Hosp. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)					
	Burial Specify 1/20/66 Druid Ridge Pikesville Md.					
	JAN 20 1966 (1) 258 AAM OF REGISTIAN J.T. Stansbury 6411 Windsor Mill Rd.					
1	VS 150-REV. 1/1/65					

This certificate must be approved by the chief medical examiner

the body was released to the hospital by

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

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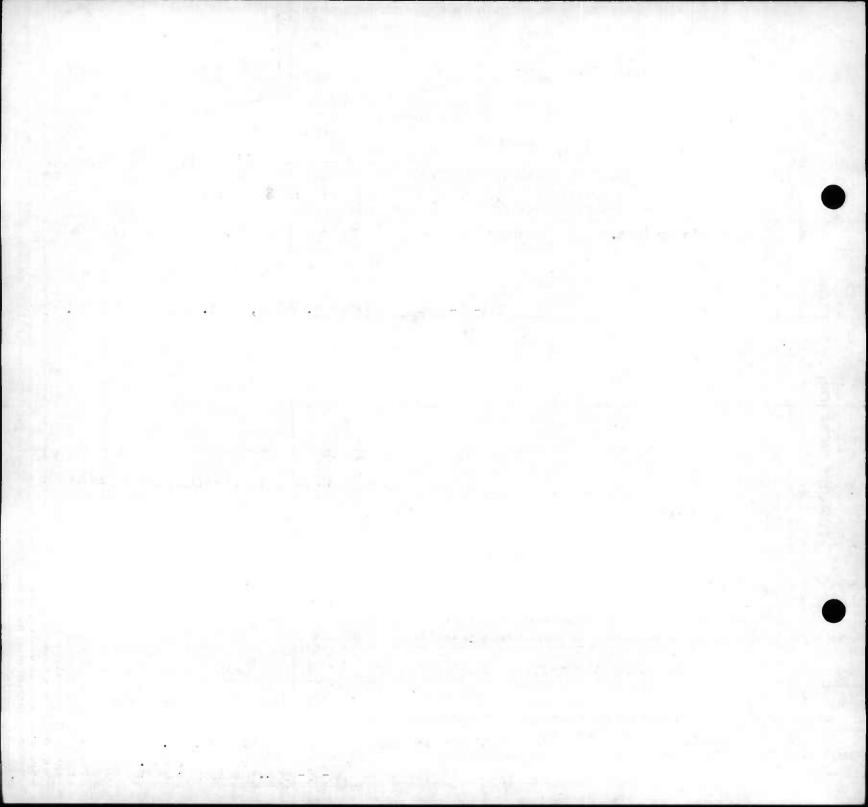
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		BALTIMORE CIT	Y HEALTH DEPARTA		
BIRTH NO.	00 11000	CERTIFICA	ATE OF DEA	ATH Registered No.	• - 66-60639
M.E. CASE NO.	Augusta		2.	DATE AND HOUR OF DEAT	тн
(Type or Print)	lliam	Whitaker		1-18-66	12 M
3. PLACE OF DEATH IN	BALTIMORE, MARY		4. USUAL RESIDEN		institution: residence before admission
F	W = - 1 1 = 1 + 1 = 1	The state of the s	Md.		TAI
FULL NAME OF HOSPITAL OR	(It not in hospital ar oddress ar location)	institution, give street	C. CITY OR TOWN	(If outside city limits, writ	le RURAL and give tawnship)
INSTITUTION	1 .		Baltin		
Mercy	Hospi	tal	D. STREET ADDRES	\$ (If rural, give location)	
110107	110-1		814	N. Streeps	r St 21205
5. SEX 6. RA		. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Manths: Days Hours Min.
Male C.	wasiaN	WIDOWED DIVORCED (specify)	4-15-1	878 last birthdoy)	Manms Days Hours Min.
		OB, KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF
dane during most of working		D 1 - D 11	Baltima	re Md.	WHAT COUNTRY?
Painter (Red		Busky Brothers	14. MOTHER'S MAI		u.s.A.
	(1) 12	1 - 0		_	
Howard				Hanson	
15. Was Deceased Ever in (Yes, no or unknown) (If yes)	n U. S. Armed Force s, give war ar dates	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no		212-03-8940	Helen M.	Dolch Doht 12	7 Lyndale Ave. #36
18. 3 60	01		OF DEATH	TE	INTERVAL BETWEEN
DISEASE OR	CONDITION DIRE	CTLY			ONSET AND DEATH
LEAD	ING TO DEATH	(A) B;	rancho pne	umonia	7
LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,					
injury or complication which caused death.)					
ANTE	CEDENT CAUSES	DUE TO	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ 60 60 600 a bree a 60 8 600 60 8 600 0000000000000000000	
DISEASES OR CONDITIONS, if any, giving					
rise to the above cause (A) stating the (C)			a and contract 0 to a a 200 a 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 000 0	a a a c
ONDERETH CO	11		0 . /		sev. Weeks
OTHER SIGNIFICAN	II IT CONDITIONS CO	NTRIBUTING Mangina	l ulcer		Sev. Weeks
E TO THE DEATH	BUT NOT RELATI	ED TO THE Chronice	mphusema	ASCYHD	years
19A. DATE OF OPER	ATION 198. COND	ITION FOR WHICH OPERATION	20Å. AUTOPSY?	Yes at Na) 208. IF YES, WEE	RE FINDINGS CONSIDERED
1-15-66	WAS PERFO	HERNIA, ING	JIN YES	IN CERTIFIING	CAUSES OF DEATH?
OR CONTRIBUTING	S UNDERLYING	21B. PLACE OF INJURY (e.g., hame, form, factory, street,	in ar obout 21C. WHER	E DID (If in Boltim	nare City, give exoct location)
DEATH (notify medic		etc.)	onice biag., INJURI O	CCOR:	
O 21D. TIME (Mon	th) (Day) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?	
OF INJURY		While AI Nat Wi			
		Waik L At Wai			
			12-27	19 <u>6.5</u> to	1-18 1966
that (I) (we) last	saw the deceased	alive an 1-17	19 66	and that in (my) (our)	pinion death accurred on the d
and hour and from	the couses state	d obove. (I) (<u>We) (did</u>) (did not)	view the body after	r death.	
23A. SIGNATURE	1 0				23B. DATE SIGNED
Mary	Tim (Ant	man M.D. A	ttending Med.	to Stoff Phys.	1-18-66
23C. PHYSICIAN'S	· · · · · · · · · · · · · · · · · · ·	1112	23D. ADDRESS		
NAME (Type)		M.E	Mercy	Haspital	Box 98
24A. BURIAL CREMATIC	N. 248. DATE	24C. NAME of CEMETERY of C		11001	(City, tawn, or caunty) (Stote)
REMOVAL (Specify					
Burial	1/21/66			Baltimore, M	
JAN 2 0 10	ISS O O	SB. NAME OF REGISTRAR	Schimune	K Funeral Home.	Inc. ADDRESS
Print G U 13	OU III . All	C. ALLENSON MAR CO.	~ SORT-CR	05 E. Madison S	treet #5

VS 150-REV. 1/1/65

Schiminek funeral Home, Inc. 2601-03-05 E Madison Street



				HEALTH DEPARTMENT		66 00640
V.E.	H NO.	66 10610	CERTIFICA	TE OF DEATH	Registered No.	
Тур	AME OF DECE	RS. LILLIA	V T. ROBINSO	0	D HOUR OF DEATH	9.06 p. M. ution: residence before admission)
F H	ULL NAME OF OSPITAL OR OSSITUTION	(If not in hospital or institution oddress or location) MEMORIAL	4 8	A. STATE B. COUN MARYLAN C. CITY OR TOWN (16 OUT BALTIMORE	TY Side city limits, write RUF	1308
5. S	EX	6. RACE 7. MARKE WIDO			9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Nonths! Doys Hours Min.
	F	W		5-15-83	80	
done	during most of w	PATION (Give kind of work 10B, KIND orking life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	CW	12. CITIZEN OF WHAT COUNTRY?
ا در ا	THOM	AS J. SAUE	RHOFF	JULIA	QUILLEN	Y
15. V (Yes	Nas Deceosed	Ever in U. S. Armed Forces? (If yes, give wor or doles of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Daught	er in law	ADDRESS
		or CONDITION DIRECTLY	CAUSE O		Nothoon	INTERVAL BETWEEN ONSET AND DEATH
	(This does no heart failure,	LEADING TO DEATH of mean the mode al dying, asthenia, etc. II means the dise plication which caused death.)	e.g., DUE TO PACEA	Z MYOCARDIAL MAKER (EXTERNA	INFAROT OL) INSERTED	POAYS
	Δ	NTECEDENT CAUSES	(B)		2 0 2 000 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 A C C C C C C C C C C C C C C C C C C
	rise la lhe	R CONDITIONS, il any, giv abave cause (A) slating CONDITION last.				
CERTIFICATION	TO THE DI	II FICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS TO TO CONDITION CAUSING IT.	MACVD			
TEIC	19A. DATE OF	WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	ES OF DEATH?
CAL CER'	OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medicol exominer	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID	(If in Bollimore C	City, give exoct locotion)
MEDIC	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor) (Hour)	21 E. INJURY OCCURRED While At Not Whi Work At Work		URY OCCUR?	
		that (I) (this hospital) attend last saw the deceased alive			19 6 to apini	an death accurred on the date
		from the couses stated abov	from			
	Charles Charles			tending Med.		1/17/66
	23C. PHYSICIA NAME (T CHAR)	/pe)	M.D.	23D. ADDRESS 4NION MEMO.		
24/	REMOVAL		C. NAME of CEMETERY of CE	REMATORY 24D. L	OCATION (City,	, lown, or county) (Stote)
254		BY HEALTH DEPT. 258. NA	Lorraine Park Come of REGISTRAR	25C. FUNERAL DIRECTO	R	y Maryland ADDRESS
746	JAN 21) 1966 R.C. + 2.	Farlingue C	Burgee Finer	TAL NORTH SOS	Falls Road

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

	66 00611	ALTIMORE CITY HEALTH I	DEPARTMENT	66 00641
	BIRTH NO.	ERTIFICATE OF	DEATH Registere	ed No.
	N.E. CASE NO. 1. NAME OF DECEASED	/	2. DATE AND HOUR OF	DEATH
	(Type or Print) SIA SIE May	Terner		18 19/1 8 A
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL	RESIDENCE (Where deceased liv	red. If institution residence before admission)
П		A. STATE	B. COUNTY	00-111
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	c, CITY O	ryland	0114
Л	INSTITUTION	C. CIT O	I timore	, write RURAL and give township)
	7	D. STREET	ADDRESS (If rurol, give loca	tion)
	The Union Memorial	Hospital 102	9 Wood He	ighte ALP
1	S. SEX 6. RACE 7. MARRIED, NEVER	MARRIED 8. DATE O.		ors If Under 1 Yr. If Under 24 Hrs.
	Female Caucasian Widowed	RCED (specify)	tost birthdoy)	Months Doys Hours Min.
ı	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINE	SS OR INDUSTRY 11, BIRTHP	ACE (State or foreign country)	12. CITIZEN OF
	done during most of working life, even if retired)	M	1- 1	WHAT COUNTRY?
	13, FATHER'S NAME	1/2	RS MAIDEN NAME	UI) IT
1	1 + A D + 1	14. MOTH	: A L	
	Koberl D. Dulcher	EI	IZZbelh	Gosnell
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no prunknown) (It yes, give wor or dates of service)	CIAL 17. INFORA	ANT	ADDRESS
	100 -	- Mr	Harry Sterne	
	18.	CAUSE OF DEATH	Jicine	INTERVAL BETWEEN
ı	DISEASE OR CONDITION DIRECTLY		100/1	ONSET AND DEATH
	LEADING TO DEATH	(A) levmina	EL CIVY/70515	of Many Years
	(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	-ivev	
	injury or complication which coused death,)			
	ANTECEDENT CAUSES	DUE TO		
1	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the	(6)		
	UNDERLYING CONDITION Iosi.	(C)	00 000 000 000 000 000 000 000 000 000	
	_ II			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH (OPERATION 200 AL	TOPSY? (Yes or No) 20B. IF YES,	WERE FINDINGS CONSIDERED
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	J. EKATION	IN CERTIFY	NG CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE	OF INJURY (e.g., in ar about 2	C. WHERE DID (If in	Baltimore City, give exact location)
1	OR CONTRIBUTING CAUSE OF home, form, etc.)	factory, street, office bldg., In	IJURY OCCUR?	
	0	OCCURRED 2	F. HOW DID INJURY OCCUR?	
-1	S OF INJURY (APPROX.) White At	Not While		
	VYOIK L	At Work	0.0	
	22. I certify that M (this hospital) attended the dece		1 1.	
.1		annavy 17 19 0		ur) apinion death occurred an the dote
	and hour and from the causes stated above. (Me) (We)	did) (did view the bo	dy ofter deoth.	
	23A. SIGNATURE	M.D. Attending	Med. Stoff	23B. DATE SIGNED
	M. C. J-plow, H	Phys.	Director Phys.	1/18/66
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRE	ss	t-c+ 1
	A. C. TIPTON,, JR.	M.D. 330	d + (2/vev/	STreets
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of REMOVAL (Specify)	CEMETERY OF CREMATORY	24D. LOCATION	(City, town, or county) (State)
		wn Cemetery	Baltimore	County Maryland
	25A. DATE REC'D BY HEALTH DEPT. 25B.NAME OF REGIN	AR 25C. FU	NERAL DIRECTOR	ADDRESS
ĺ	JAN 20 1960 Olabery -	B	irgee Funeral Hom	ne 3631 Falls Road
1	VS 150-REV. 1/1/65	U	o approce	t' howase

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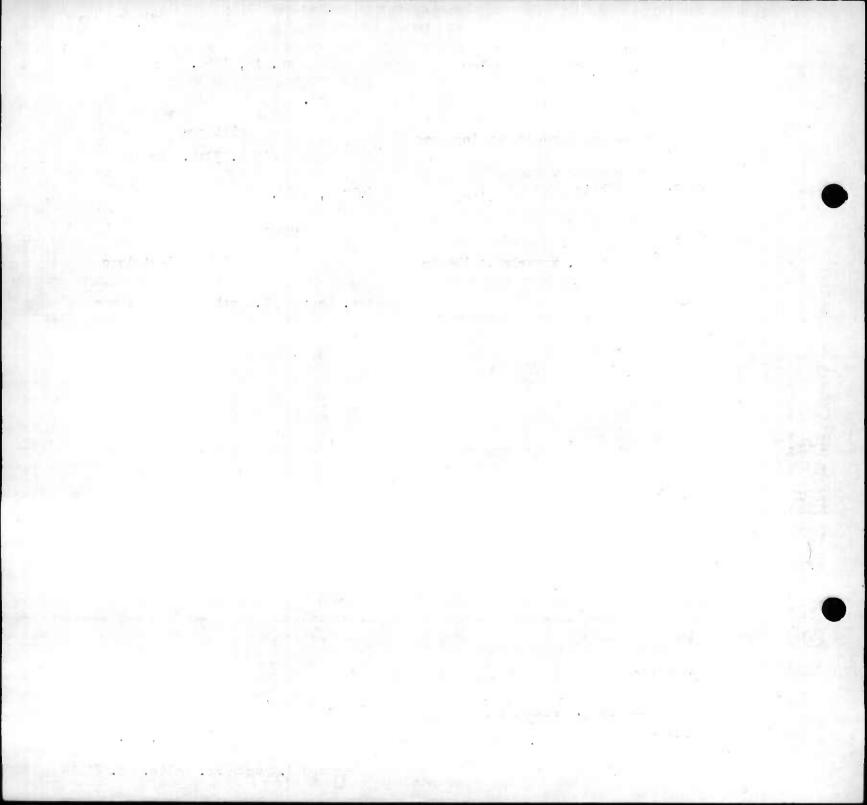
prior to death.

	TH NO.	66 00	642	CERTIFICA	TE OF DEATH	Registered No	66 00642		
	E CASE NO.				2. DATE	AND HOUR OF DEATH	11/00		
(Ту	pe or Print)	Rose	тет	vlor	Jan.	18, 1966.	1 40 P		
3.	PLACE OF DE	ATH IN BALTIMORE, MA		101			nstitution: residence before admission)		
					A. STATE B. COL	YTAL	Ann		
	FULL NAME			give street	Md.		104		
	HOSPITAL OR	oddress or locotio	n)		C. CITY OR TOWN (IF	outside city limits, write	RURAL and give township)		
		Harford Gard	dens Mur	cing Home		Baltimore			
0		narrord dar	ACIIS I.U.	STIIS HOME		If rurol, give location)	71		
					0.	15 E. 30th. S	treet		
5. 5		6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.		
]	Female	White		idow (specify)	July 3, 1896.	lost birthdoy) 69	Months Doys Hours Min.		
163	USUAL OCC	UPATION (Give kind of wor		- mm day 44	11. BIRTHPLACE (State or fo	reion country)	12. CITIZEN OF		
		working life, even if retired)	TOD KIND OF	DOSINESS OR INDUSTRI			WHAT COUNTRY?		
I	Retired				Canada	9.	USA		
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME			
		Max J. ka	aberta I	aliberte		Albina Di	leutrivac		
15. (Ye	Was Deceased	d Ever in U. S. Armed For	rces? es of service)	1 6- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	No			3300000	Mrs. Lorena	M. Toth	(Same)		
	18. 1/4	0.7)		CAUSE	OF DEATH		INTERVAL BETWEEN		
		SE OR CONDITION DI	RECTLY		1	0	ONSET AND DEATH		
		LEADING TO DEATH			Men Da	Vones			
		not meon the mode of				Car o Co			
		, osthenio, etc. It meons mplication which coused							
1	,	ANTECEDENT CAUSES		(B)					
	DUE TO								
		DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the (C)							
		G CONDITION lost,	storing the	(0)	otocowo ooo aa a				
z	OTHER SIGN	III	CONTRIBUTION	G					
ATION	TO THE C	CONDITION CAUSING	ATED TO TH	E					
Q O				WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES WERE	FINDINGS CONSIDERED		
ERTIFIC	1	WAS PER				IN CERTIFYING CA	USES OF DEATH?		
CE	21A ACCIDE	NT WAS UNDERLYING	21 R	PLACE OF INTLIBY (a.c.	in or obout 21 C. WHERE DID	(If in Boltimos	e City, give exact location)		
AL	OR CONTRIB	UTING CAUSE OF	hom	ne, form, factory, street, o	office bldg., INJURY OCCUR?	th in solinor	e ony, give exoct locollon,		
U	DEATH (notify	y medicol exominer)	etc.	,					
03	OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?			
ME	(APPROX.)		Wh	ile At Not Whi		1-			
l.	00 1				CIANA lo	15	na 10 11		
		that (1) (this haspita			C/JC/	19 0 0 10	1900		
	that (I) (we) last sow the decease	ed olive on	Jam 1	19 60 ond	that in (my) (pi	inion death accurred on the date		
	and four on	d from the couses sto	ted above. ((W) (did) (did not)	view the body ofter death	n. (/			
	23A. SIGNATI		0 6/ 6				23B, DATE SIGNED		
	(IV)	11/10000 >9	1400		ending Med.	Stoff	1-10-66		
	236 0000	culu (1124	reel Phy		Phy s.	111-00		
	PAME (Type)	" //		23 D. ADDRESS	2000	0-1		
	Wi	Miam & Ha	Itainh	M.D.	5006 F	aloud Uls	2- Bullivino		
24/	BURIAL CR		0 24C.N.	AME of CEMETERY or CR	REMATORY 24D.	LOCATION (C	ity, town, or county) (State)		
	Burial		56 Ha	ly Redeemer C	lamata	Baltimor	re. Md.		
254		BY HEALTH DEPT.		TA MEGERINER O	emetery 25C. FUNERAL DIRECTO		ADDRESS		
	The Party of the P		"Inches Berlin a territoria per principal per		INDON I WITERAM DIRECT	wr m			

Leonard

J. Ruck Inc. Balto. Md. 21214

VS 150-REV. 1/1/65



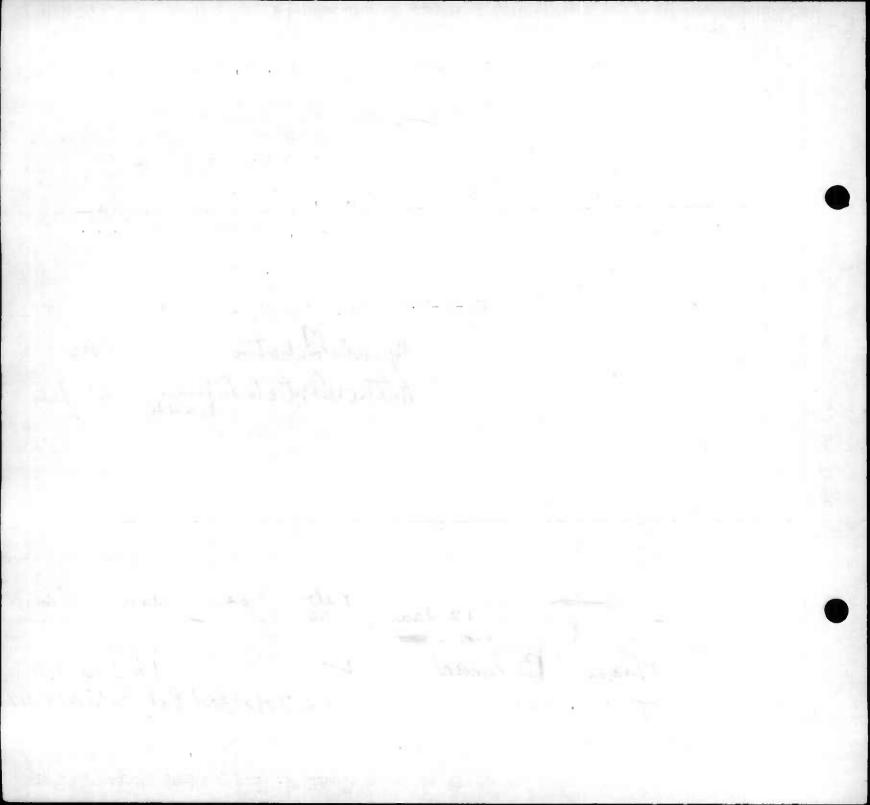
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BALTIMORE	CITY	HEALTH	DEPARTMENT
PALIE I IIAI CALE		110/10/11	DEI WEIGHT

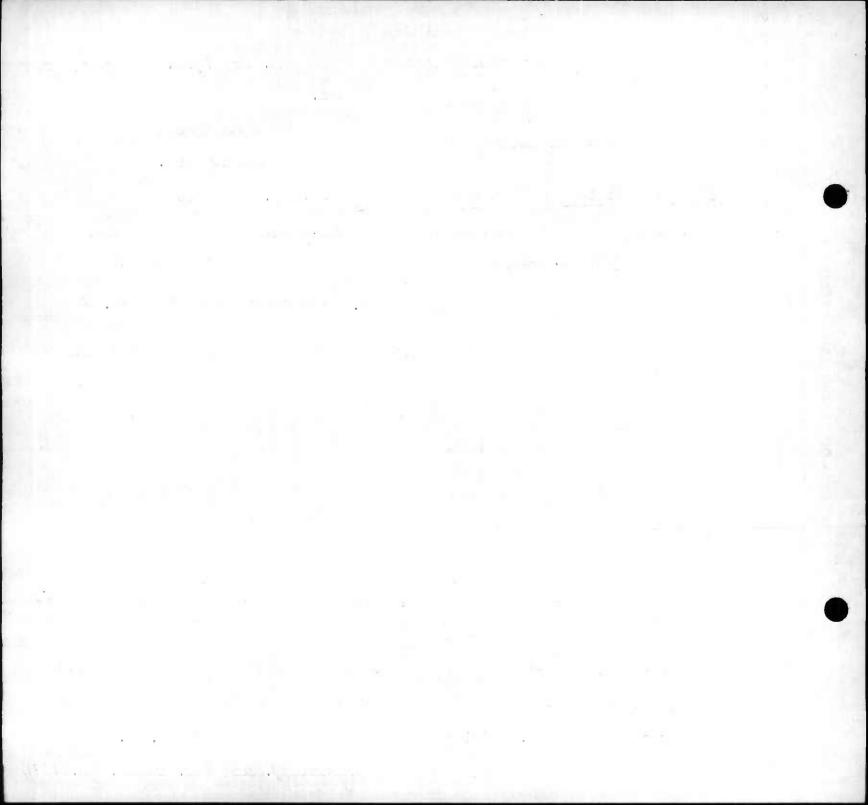
MRTH NO. M.E. CASE NO. 66 00	643 CERTIFICA	TE OF DEATH Registered No.	.06 00643				
NAME OF DECEASED		2. DATE AND HOUR OF DEAT	TH				
Type or Print) Ella	Chilcote	Jan. 17, 1966	9:00 A.A				
PLACE OF DEATH IN BALTIMORE, MA	ARYLAND or institution, give street	A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, will	27-07				
D.		Baltimore					
2811 Fleetw	and Arrange	D. STREET ADDRESS (If rural, give location)					
ZOII Tieetw	god Avenue	2811 Fleetwood Avenue	9				
SEX 6- RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Jan. 13. 2886 80	If Under 1 Yr. If Under 24 Hr Manths Days Haurs Min.				
female white	Married	Jan. 13, 2886 80	12, CITIZEN OF				
one during most of working life, even if retired)			WHAT COUNTRY?				
Housewife	Own Home	Baltimore, Maryland	U.S.A.				
FATHER'S NAME		14. MOTHERS MAIDEN NAME					
Charles Chalk		Josephine T. Carter					
. Was Deceased Ever in U. S. Armed Fo	rces? 16. SOCIAL	17. INFORMANT	ADDRESS				
es, no ar unknown) (If yes, give war ar dat NO	es of service) SECURITY NO. 213-26-1928	Mrs. Elizabeth M. Weichs					
1B. // ⊃ A 1 1	CAUSE O		INTERVAL BETWEEN				
DISEASE OR CONDITION DE	RECTLY	1.181	ONSET AND DEATH				
LEADING TO DEATH	in Mys	rounded in farction 1 hr					
	(This does not mean the mode of dying, e.g., DUE TO						
heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)							
ANTECEDENT CAUSES (B) AUCTIONATIO VASCILLAN & O YES							
DISEASES OR CONDITIONS, if	DUE TO	Dist	rove /				
rise to the obove cause (A)							
UNDERLYING CONDITION last.	area to account of the state of of th	0.000 0.000	THE CONTRACT OF THE CONTRACT O				
TI.							
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO THE						
19A. DATE OF OPERATION 19B. COL		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WEF	RE FINDINGS CONSIDERED CAUSES OF DEATH?				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., ir hame, larm, loctory, street, at etc.)	n or about 21C. WHERE DID (If in Baltin fice bldg., INJURY OCCUR?	nare City, give exact lacation)				
21 D. TIME (Month) (Day) (Year)	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
OF INJURY (APPROX.) While At Not While At Work At							
22. I certify that (I) (this hospital) attended the deceased from Filt 1962 to Jam 1966,							
that (1) (we) last saw the deceased alive an 12 Jaw 19 GC and that in(my) (we) apinian death accurred an the date							
and haur and from the causes stated above. (1) (10) (did) (10) view the bady after death.							
23A. SIGNATURE							
+ Tampel a a	Hamasian 1 Secretary M.D. Attending the Med. Stoff 1 1 C 1						
23C. PHYSICIAN'S	Phy	s. Director Phys. 23D. ADDRESS	110 Jan 190				
NAME (Type)		Enly 11 at Parel A	P. I B. Mallana				
Thomas J. B.		27/ Harford W	was pare my -1 &				
REMOVAL (Specify) 24B. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, tawn, as county) (State)				
Burial 1/20/66	Baltimana Camat	dame.	10				
GA. DATE REC'D BY HEALTH DEPT.	Baltimore Cemet	25C. FUNERAL DIRECTOR	Maryland				
JAN 20 1966 Q.D.	J. E. Falloway	Leonard A Buck Tro 52	Of Uneford Day #41				

5305 Harford Road



Name of Street, or)	V	0	
	ed in a hospital and	d cause; (5) Deceased	r attendance on the prior to death. Such	
	death occurre	Undetermine	ras in regular	osition is mad
IMPORTANT	or his assistant if	Also, if the direc re of any kind; (4)	nounced death wattendance on the	Imed or final disp
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	o the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be appro	the body was released to the shows: (1) An accident of any	was D.O.A. at a hospital (exc deceased prior to death); and	written approval must be obt

		BALTIMORE CITY	HEALTH DEPARTMENT	1	000044		
	BIRTH NO. M.E. CASE NO. 66 00646	CERTIFICA	TE OF DEATH	Registered No.	66 00644		
	(Type of Print) Mary Elizabe	eth Ringrose		16, 1966.	17:30 p. m.		
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution	n, give stieet	4. USUAL RESIDENCE (Where A. STATE A. B. COUNT	Y	26-02		
	HOSPITAL OR oddress or location) INSTITUTION A.L.I	• //	C. CITY OR TOWN (If outsi	Baltimore			
	(1) Ashburton Nurs	Lng Mome		tbury Ave.	ASHBURTON, M.		
200	Female White Widow	D, NEVER MARRIED VED, DIVORCED (specify) VLOOW	May 31, 1879.	86	If Under 1 Yı. If Under 24 His. Months Doys Hours Min.		
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND done duying most of working life, even if refired) Touseur Je	of Business or Industry un Home	11. BTRTHPLACE (Stote or foreign Maryland		12. CITIZEN OF WHAT COUNTRY?		
spos	John L. Berge	er	14. MOTHER'S MAIDEN NAM	Elizabeth	?		
3	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no por unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. None	Mr. Peter Albert	t 4751 Elis	address on Ave. #6		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenio, etc. II means the diseas injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving the course (A) stating the course (A) stating the course (B)	(B)	isseleratic heart diseese		INTERVAL BETWEEN ONSET AND DEATH LINKNOWN		
CIII DIII DI	UNDERLYING CONDITION Iosi. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 1994. DATE OF OPERATION 198. CONDITION FO WAS PERFORMED	NG					
	19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?		
Delo	OR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., in orne, form, foctory, street, of tc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore C	City, give exoct locotion)		
Dellin	S OF INJURY	TE. INJURY OCCURRED While At Not Whit At Work					
0000	22. I certify that (I) (this haspite) attended the deceased fram July 2/ 1964 to Jan 16 1966, that (I) (we) last saw the deceased alive an Jan 15 1866 and that in (my) (eve) apinian death accurred an the date						
provar most	and haur and from the causes stated abave. 23A. SIGNATURE Washam B, Hurn 23C. PHYSICIAN'S NAME (Type) ABRAHAM B. HURW 17	M.D. Atte	· · · · · · · · · · · · · · · · · · ·	hys.	Jan, 17 1966 Himore Ma		
200	REMOVAL (Specify)	NAME of CEMETERY of CR		Baltimore	town, or county) (Stote)		
A.		e of registrar	Leonard J.R	uck Inc. B	Balto. Md. 21214		



BIRTH NO.

M.E. CASE NO.

the Such

UO.

ance (2) cause

attend 0

death.

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D.O.A. eceased

Deceased

of deat

hospital

			BALTIMORE CITY	HEALTH DEPARTMENT			
IRTH NO.	66 u	645	CERTIFICA	TE OF DEATH	Registered No.	6 00645	
NAME OF DEC	BERTH.	9 P	BRHAM		H - GE	1015 AM.	
. PLACE OF DEA	TH IN BALTIMORE, MA	YLAND		4. USUAL RESIDENCE (Whe	re deceosed lived. If instit-	ution: residence before admission)	
FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospital oddress or location		e street	Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
ed.				Baltimore 21213 D. STREET ADDRESS (If rurol, give locotion)			
The John	ns Hopkins	Hospita	1	1424 N. Broadway			
. sex Female	6. RACE Negro		EVER MARRIED DIVORCED (specify)			f Under 1 Yr. If Under 24 Hrs. Norths Doys Hours Min,	
	JPATION (Give kind of work working life, even if retired)	10B. KIND OF B	USINESS OR INDUSTRY	Balto, V	ign country)	2. CITIZEN OF WHAT COUNTRY?	
3. FATHER'S NAA	A E			14. MOTHER'S MAIDEN NA	ME		
	Henderson			Irene Harrison			
	Ever in U. S. Armed Ford (If yes, give wor or dote		6. SOCIAL SECURITY NO.	Tr. INFORMANT	- Parkum	1424M Bendley	
18.	- / 1		CAUSE O	F DEATH		INTERVAL BETWEEN	

DISEASE OR CONDITION DIRECTLY (A) STRESS UICER LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) B PERITUIVITIS ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, to the above cause (A) stating the

UNDERLYING CONDITION last.

CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE ITIPLE CARDIAC DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED yes

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.)

21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) Work At Work

22. I certify that (1) (this haspital) attended the deceased from that (1) (we) lost sow the deceased alive on ond that in (my) (our) opinion death occurred on the date

and hour and from the couses stated above. (1) (We) (did) did not) view the body after death

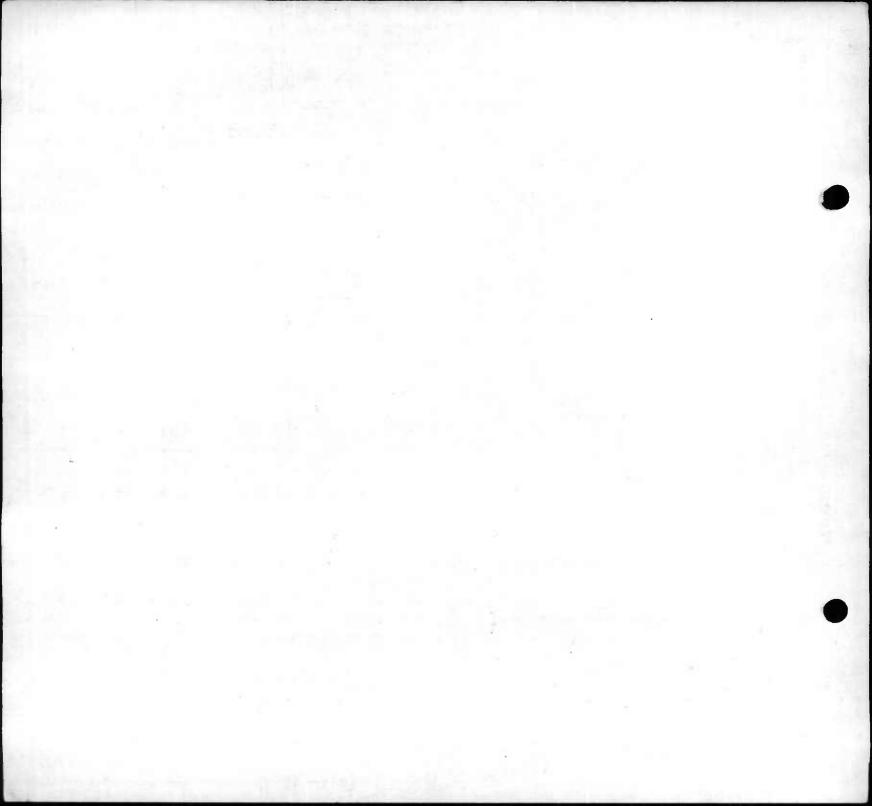
		1000	,	,		
Danis Z	Phillips	M.D.	Attending Phys.	Med. Director	Stoff Phys.	1-14-66
235 PHYSICIAN'S			23D. ADDRESS	5		

NAME (Type) Phillips M.D. The Johns Hopkins Hospital James L.

24A. BURIAL CREMATION, 24B. 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify)

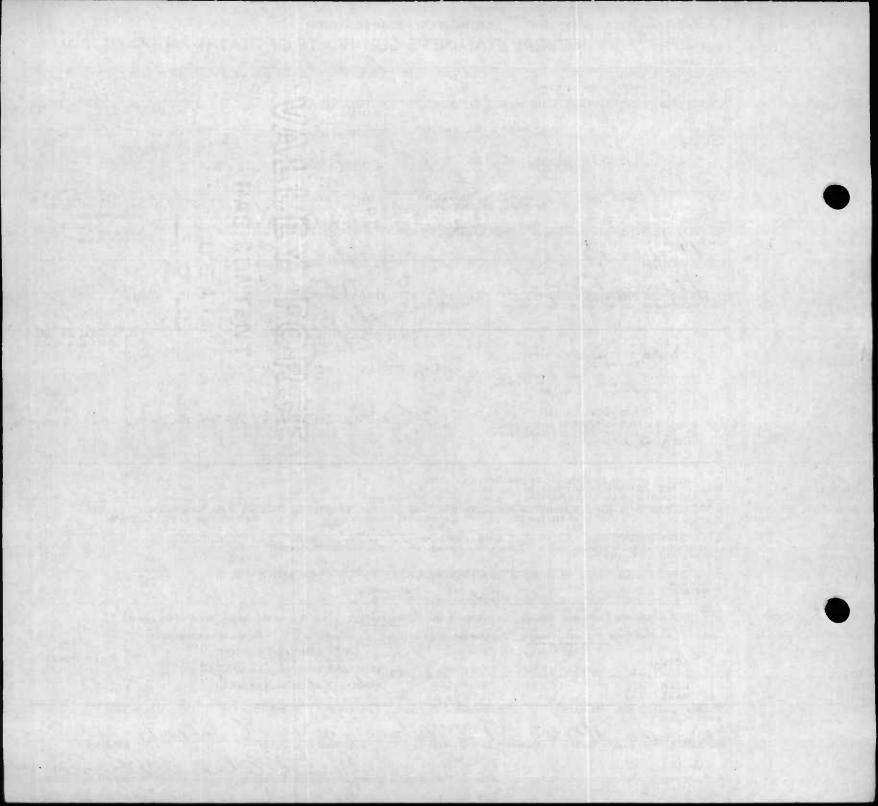
ADDRESS FUNERAL DIRECTOR

VS 150-REV. 1/1/65



K-573

BIRTH NO. 66 00 646 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No. 00646
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
ETHEL KNIGHT	14 January 1966 3:40 p.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission B. COUNTY Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
Johns Hopkins Hospital	D. STREET ADDRESS (If rurol, give locotion)
	911 N. Durham St.
female negro 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. 37
10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
march Buch	Karti i
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	Harrisond Smith 91171 Durhans
18. CAU	SE OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (A) Conge	stive heart failure
head failure, asthenia, etc. It means the disease,	
injury or complication which coused death.)	
ANTECENDENT CAUSES (B) Idio	pathic myocardial hypertrophy
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	Postage and occupant and post of the second
UNDERLYING CONDITION LAST.	
Z (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES YES
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g.	g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	T WHILE WORK
22.	Autapsy 🔀 and that an this basis, death in my apinian
resulted fram: Natural causes Accident Sulc	Ide Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL ()	DATE SIGNED
EXAMINER'S NAME (Type) Charles S. Petty	ASSOCIATE MEDICAL EXAMINER 1/15/66
23A. BURIAL CREMATION, 23B. DATE / 23C. NAME of CEMETERY	Y or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
Burel 1/18/66 Mt Coul.	unlem. Westport and
JAN 20 1966 Colon E. Carlon	Micton E Elicken 1129 Mark.
vs 151-REV. 1/1/65	0 0 0 1 5



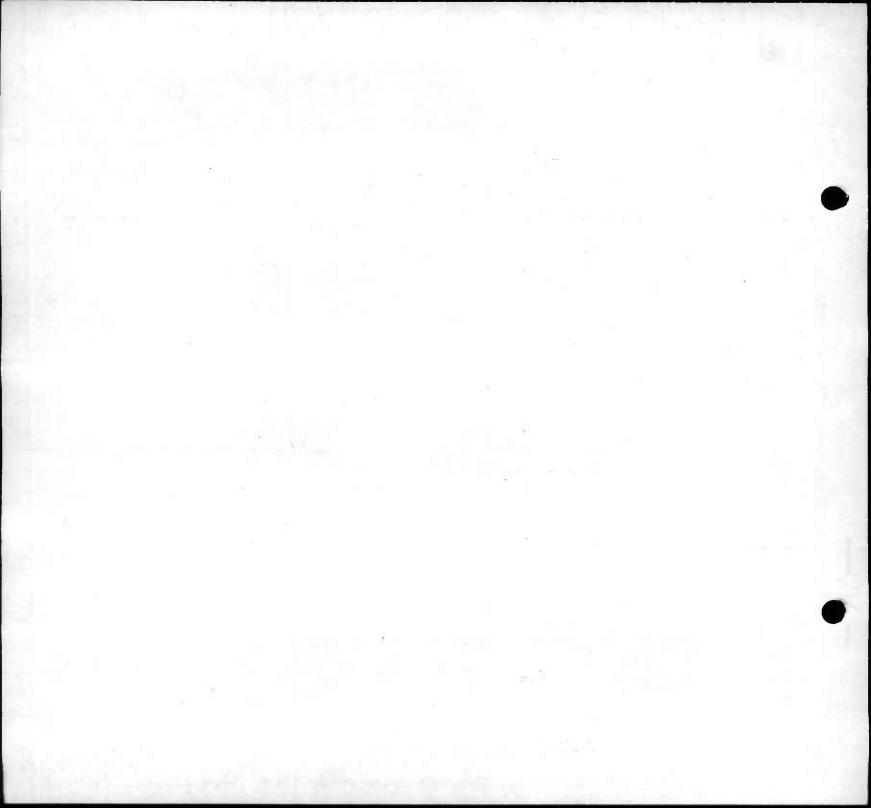
IMPORTANT FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

VS 150-REV. 1/1/65

BALTIMORE	CITY	HEALTH	DEPARTMENT
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		BALTIMORE CITY	HEALTH DEPARTMENT	1	at the total
BIRTH NO. M.E. CASE NO.	66 00617	CERTIFICA	TE OF DEATH	Registered Na.	10 10017
T. NAME OF DE (Type or Print)	Estella	Toyers	1 9	NUR OF DEATH	17, 1966 P.M.
FULL NAME HOSPITAL OI		ian, give street	A. STATE B. COUNT		JRAL and give township)
10/37	n. Evele &	lt.	1013 M. U	ural, give location)	
Finale		RIED, NEVER MARRIED DWED, DIVORCED (specify) MARKE 24	100.23, 1886	ost birthdoy)	If Under 1 Yr. If Under 24 His. Months Days Houis Min.
dane during most	CUPATION (Give kind of work 10B. KIN et working life, even if retired) CLU LFC	D OF BUŜINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NA 15. Was Deceas (Yes, no al unknown	AME Rollor R	ice) 1 6. SOCIAL SECURITY NO.	Ectella All 17. INFORMANT	ckern 9337	ADDRESS
(This does	ASE OR CONDITION DIRECTLY LEADING TO DEATH not mean lhe made of dying, e, asthenia, etc. It means the dise		F DEATH RUNG	loves	INTERVAL BETWEEN ONSET AND DEATH MINISTER OF THE PROPERTY OF
DISEASES	omplication which caused death.) ANTECEDENT CAUSES OR CONDITIONS, il any, gi the abave cause (A) stating NG CONDITION lost.	(B) DUE TO	elserreg Co Ceffolitors	njo keen	Z
DISEASE O	II NIFICANT CONDITIONS CONTRIBI DEATH BUT NOT RELATED TO R CONDITION CAUSING IT. OF OPERATION [198. CONDITION	TING COLLOS!	Soo callace [20 A. AUTOPSY? (Yes or No)	Descriptions of the second of	NDINGS CONSIDERED
OR CONTRI	WAS PERFORMED DENT WAS UNDERLYING BUTING CAUSE OF fly medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n oi obout 21C. WHERE DID	IN CERTIFYING CAU	SES OF DEATH? City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID INJU	JRY OCCUR?	
	fy that (I) (this haspital) attend e) last saw the deceased alive	1/12	1 66	9tata	ian death accurred on the date
23A. SIGNA 23C. PHYSIC NAME	eled & teg	M.D. Atte	ending Med.	Sloff Phys.	23B. DATE SIGNED
DIL	ALBERT GOLAR	FULLOT M.D.	8 22/V 1 300/2 EMATORY 24D. LC	OCATION (City	r, town, or county) (State)
134h	Lif 1 20 66	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	el Cou	enty Md,
JAN	20 1966 12 0 0 0 0	Jes. Cares	Willton En	Theleson)	1129 M. Curting ST



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	60.000	BALTIMORE CITY	HEALTH DEPARTMENT	V	
11	H NO. 66 006	CERTIFICA	TE OF DEATH	Registered No.	8 00648
1. N	AME OF DECEASED Le OF PRINTI E UE Y EH V, C.	onnellee	2. DATE AN	D HOUR OF DEATH	3:10 P.M.
3. 1	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN		dution; residence before admission)
F	FULL NAME OF (If not in hospital or institute oddress or location) NSTITUTION	on, give street	C. CITY OR TOWN (IF out	side city limits, write RU	RAL ond give lownship)
3	Church Home	o Hospital	D. STREET ADDRESS (III	rural, give location)	5/-00
5. S		IED, NEVER MARRIED	Hey mi		f Under 1 Yr If Under 24 Hee
J. 3	MIDO WIDO	WED, DIVORCED (specify)		lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Norths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KINI oduring Bu plangking life Seven if retired)	EXECUTIVE	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME	11	14. MOTHER'S MAIDEN NAM	ME	
15.	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL	17. INFORMANT	Oreen	ADDRESS
(Te	NO	SECURITY NO.	MRS. ROTH R. C	ONNELLEE	ELKTON, MI
	DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH	tin	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meon the mode of dying, heort foilure, osthenio, etc. II meons the dise injury or complication which caused death.)		meumoru		
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if ony, girise to the obove couse (A) stoling UNDERLYING CONDITION lost.		AA DO O O O O O O O O O O O O O O O O O	0 - 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	-
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
RATIFICA		or which operation ma of Lung	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore C	City, give exact location)
MEDIC	OF INJURY (APPROX.) (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED While At Not Whit Work At Work		URY OCCUR?	
	22. I certify that (1) (this haspital) attend	ed the deceased from	12-16	194) 10 /-	16 1966
	that (1) (we) lost sow the deceased alive and hour and from the causes stated above	(A) (C)		ot in (my) (our) opini	on death accurred on the date
	23A. SIGNATURE			2	3B. DATE SIGNED
	Too B. No.	asgund M.D. Att	ending Med. Director	Sloff Phys.	1-16-66
	23C. PHYSICIAN'S NAME (Type) José S. M.C	CISOG M.D. AH	23D. ADDRESS	Bom & St	quel
24/	BURIAL CREMATION, 24B, DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (City,	town, or county) (State)
	SURIAL 1-19-66) A. DATE REC'D BY HEALTH DEPT. 25B. NA	BAKER CEMET	25C. FUNERAL DIRECTOR	ROBERY	MD 1254 E. MAIN, ST.
		Fre County	PIPPIN FUNERA	LI TOME TOURS	ELKTON, NAD,
VS	150-REV. 1/1/65	AAAAAA	0 0 6 4 7		,

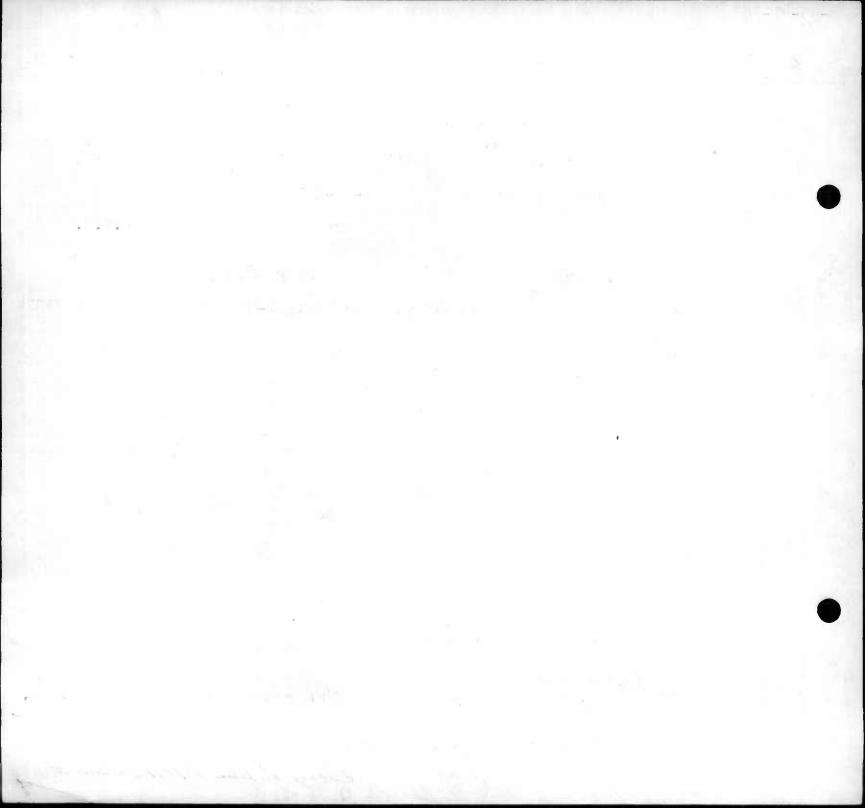
EIKTEN Church Home & Happin Hermitege Dr Sept 20,1917 51 Married Cay married 1-1-1-1 Non-tentorny Britag Tranget Feel William Councillee Eline Giern prumaruhio 12-22-65 Comment Lang angers of a conf Orlined How & Hope

IMPORTANT

FUNERAL DIRECTOR:

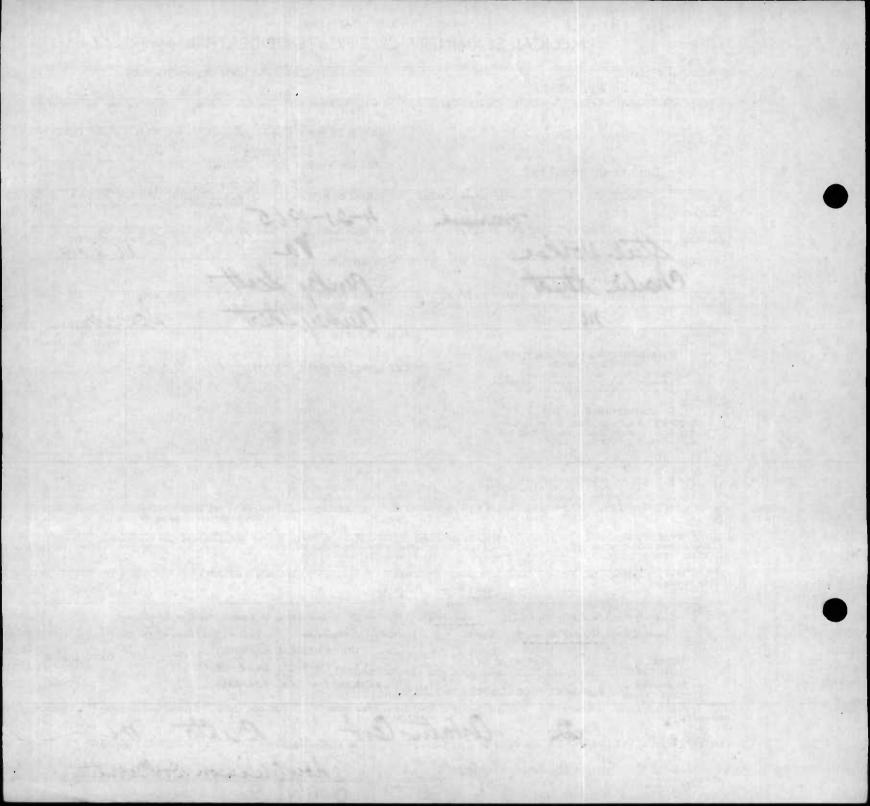
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 10650

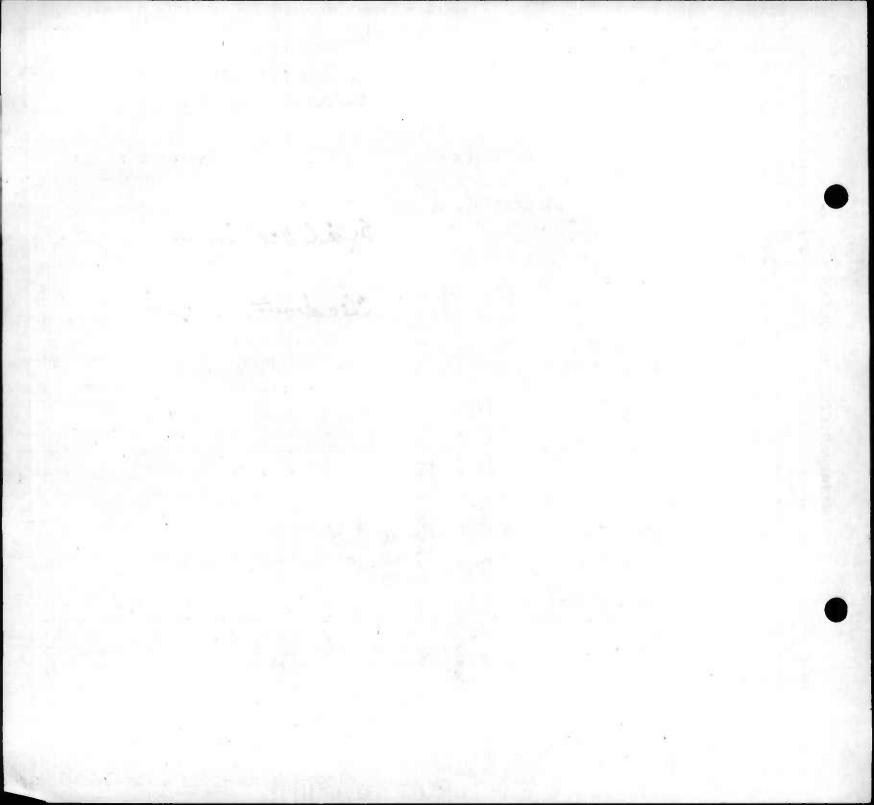
BIRTH NO.	MED	ICAL EXAMINER'S	CERTIFICA	IE OF I	DEATH Registe	ered Na	(3,5)
M.E. CASE NO.							
1. NAME OF DEC		T A FD			D HOUR PRONOUNC	ED DEAD	
	JOSEPH STR				ry 18, 1966	1	4:37 P M.
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE	DEN CE (Where	deceased lived. If inst B. COL	itution: residence JNTY	e before odmission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET		Marylan		011011	
HOSPITAL OR	ADDRESS OR LOCA	A TION)	C. CITY OR TO	WN (It autsid	e carparate limits, write	e KUKAL and gi	ve lownship)
(Baltimo		+0-7	2,1
Lu	utheran Hospi	tal	D. STREET ADD	ORESS (If roral,	give lacation)		
				305 N.	Monastery A	ve.	
	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIR	тн	9. AGE (In years last birthdoy)		r. If Under 24 Hrs. s i Hours , Min.
male	negro	married	4-21-	-1905	60		
IOA. USUAL OCCL	PATION (Give kind of wor	LIOB KIND OF BUSINESS OR INDI	USTRY IT. BIRTHPLACE	(State or foreig	n country)	12. CITIZEN C	
done during mast other	ademy life, even if retired			Va.		11-	CA
13. FATHER'S NAM	IE 71		14. MOTHER'S A		11		
Cho	whip - Stro.	all	Pink	b, 1	att		
15. WAS DECEASE			17. INFORMANT	y ma	7	ADDRESS	7
(Yes, no or unknown)	(If yes, give was ar dote	es of service) SECURITY NO.	10.1	PA	-1-	1-	
	100		(lune	11 shee		sein	mel
18.	2./ 1	CA	AUSE OF DEATH				ERVAL BETWEEN SET AND DEATH
DISEAS	SE OR CONDITION DI						
(This does r	LEADING TO DEATH nat meen the mode of	(A) AL	teriosclerot	ic card	iovascular	disease	\$16 A-\$16 A B-\$16 A B-
heart failure,	asthenia, etc. It means	s the disease,					
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	INTECENDENT CAUSE	(B)					
RISE TO TH	OR CONDITIONS, 1F A E ABOVE CAUSE (A) S						
	IG CONDITION LAST.	(C)					
<u> </u>	li .						
OTHER SIGN	NIFICANT CONDITIONS	CONTRIBUTING					
TO THE	DEATH BUT NOT RE			***************************************			
OTHER SIGN TO THE DISEASE OF TIPA. DATE OF		IDITION FOR WHICH OPERATION	20A. AUTOPS	Y? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONS	DERED
0	WAS PER	RFORMED	no		IN CERTIFYING CAU	SES OF DEATH	?
	L CAUSE WAS	21B. PLACE OF INJURY (WHERE DID	(If in Boltimare City, gi	ve exact locatio	n)
UTING CAU	SE OF DEATH.	home, farm, foctory, she	eet, office bldg., INJU	RY OCCUR?			
Z 21 D TIME	(Manth) (Day) (Yeo	n) (Haur) 21E. INJURY OCCUR	19ED 21E H	ILM DID INJU	INV OCCUPS		
OF INJURY	(Manim) (Day) (1eo		NOT WHILE	TOW DID INJ	JRI OCCUR:		
		m. WHILE AT	AT WORK				
22.	ify that I held an I	nquiry InspectionXX	Autapsy ar	nd that an th	s basis, death in r	ny aplnian	
	ted fram: Natyral ca	uses X Accident Su			Indetermined mann		
10301	1/)//	Accident L	/	MEDICAL EX			
ACTUAL	1/1/	MONTHY				D.	ATE SIGNED
SIGNAT		July wa	M.D. ASSISTANT				1-19-66
EXAMIN NAME (*	RIIGICAY	Breitenecker, M.	D ASSOCIATE	MEDICAL E	KAMINER		1-19-00
23A. BURIAL CREA	MATION, 23B. DATE	23C. NAME of CEMET	ERY or CREMATORY	23 D. L	OCATION (City,	, tawn, ar county	(Stote)
REMOVAL (Specify	0 1-95	166 Note A	- Ca. A		Bo H	2.	2
24A DATE PECID	BY HEALTH DEPT.	248, NAME OF REGISTRAR	O LINU	RAL DIRECTOR	Julio	1/2	222
		3-6	24C. FUNE	A DIRECTOR	1.1	ADDR	(53)
JAN 2	0 1966 (P. P.	1-2 Fr. D. M.S.	160 4	ou/A/	Jelson 12	11 Bens	Marile
VS 151-REV. 1/1/	The second secon			1/1	3	- Jugar	



IMPORTANT FUNERAL DIRECTOR:

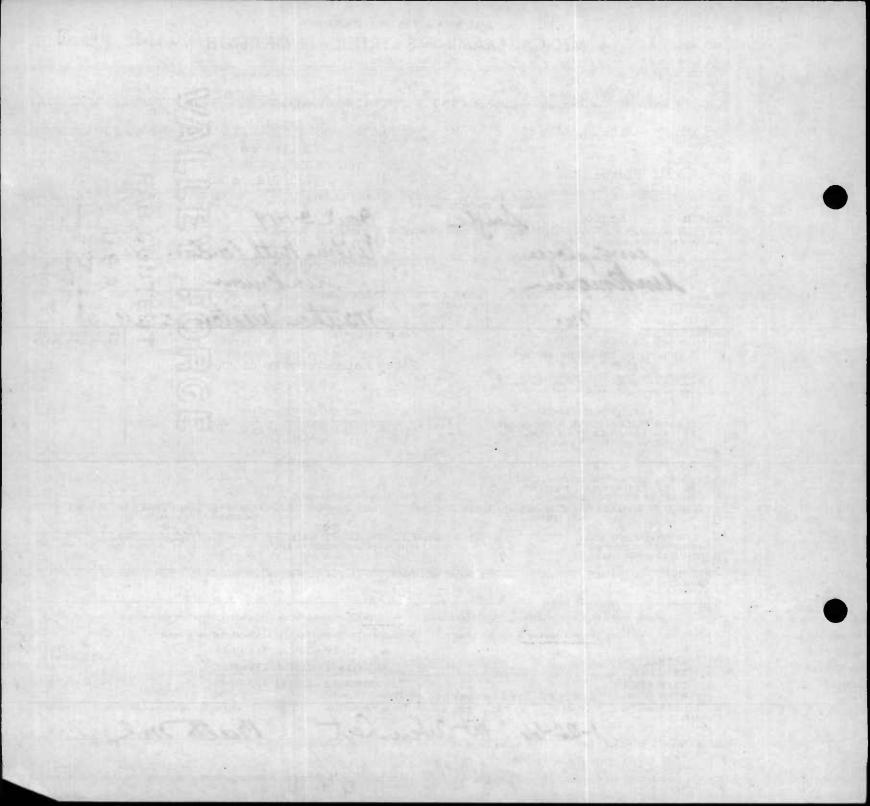
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the V\$ 150-REV. 1/1/65

BALTIMORE CITY HEALTH D	EPARTMENT CC 8005
BIRTH NO. 66 00651 CERTIFICATE OF	DEATH Registered No. 66 00651
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	RESIDENCE (Where deceased lived, If institution; residence before admission)
A, STATE	B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR	
	IMORE
THE JOHNS HOPKINS HOSPITAL 1504	
T ALABOUED MEVED ALABOUED IN DATE OF	
WIDOWED, DIVORCED (specify)	lost birthdoy) Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPL	ACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired) 13. FATHER'S NAME EDWARD SMITH ALIC	MAT COUNTRY?
13. FATHER'S NAME 14. MOTHE	RS MAIDEN NAME
S Same S Court	ASSINGTON
III D. Was Deceased Ever in U. S. Armed Forces! II D. SDCIAL III. INFURA-	CE ARRINGTON ANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Smith Same
TB. 290, 21 CAUSE OF DEATH	INTERVAL BETWEEN
DIFFACE OR COMPLETON DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO	usion + Pulsaby Eden 3 Afro,
heort failure, osthenia, etc. It means the disease,	MSion + Publicus Edens 3 Hrs.
ANTECEDENT CAUSES (B)	
	1 4 1 - 3 - 1
rise to the above cause (A) stating the (CI ///equiph)	ashe Avenua 3 months
ONDERENING CONDITION loss.	
DIHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AU	TOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING, CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21	C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bidg., IN etc.	JURY OCCUR?
	F. HOW DID INJURY OCCUR?
While At Work At Work	
22. I certify that (I) (this hospital) attended the deceased from	1964 to 1/19 19 Co
	ond that in (my) (our) opinion death occurred on the date
ond hour and from the couses stated above (1) (We) (did) (did not) view the bo	
23A. SIGNATURE	23B. DATE SIGNED
	Med. Staff Phys. 2 1/19/66
23C. PHYSICIAN'S NAME (Type)	
23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY	hhs lookins Hospital
KEMOVAL (Specify)	24D. LOCATION (City, town, or county) (Stote)
Burioul 1-23-66 Mur- Commetey 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FU	Moren Construid
JAN 20 1966 (12 Dec. 1964) AND 1966 (13 Dec. 1964) AND 1966 (13 Dec. 1964) AND 1966 (13 Dec. 1964) AND 1966 (14 Dec. 1964) AND	NERAL DIRECTOR ADDRESS



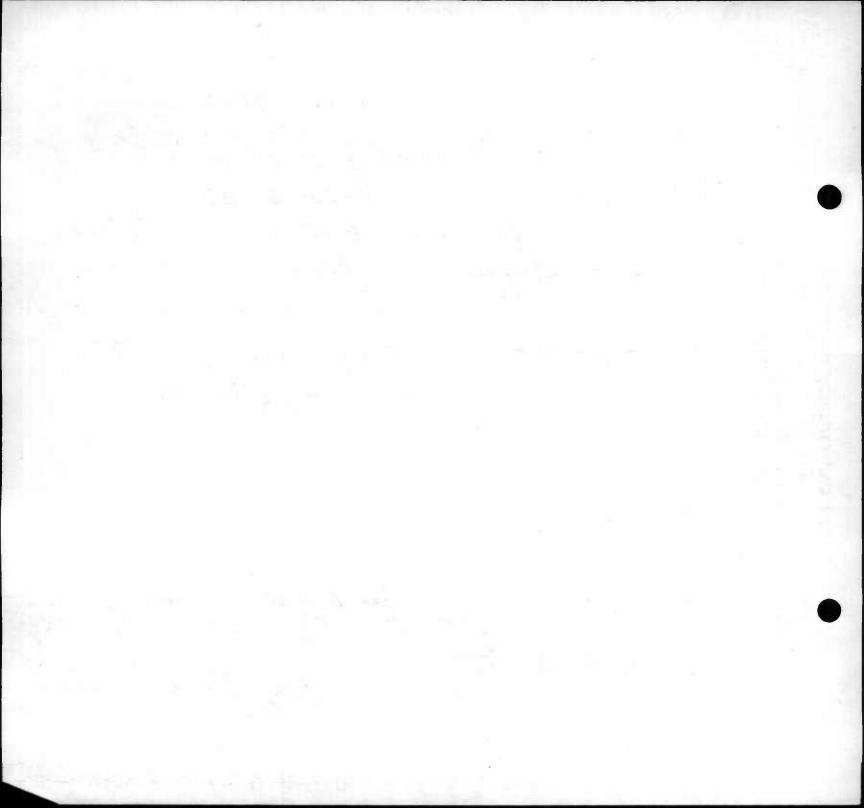
VS 151-REV. 1/1/65

BIRTH N	DR 10.	MFD		AMINER'S C		TE OF I	FATH Register	red No.	10852
	ASE NO.	MILD	10/12 2/1/	Will TER O					
I. NAM	AE OF DECEASED					2. DATE AND	HOUR PRONOUNCE	ED DEAD	
(Type or		ORA HARRI	S			.T.	anuary 18,	1966	10:30 P M.
3. PLAC	E IN BALTIMORE,			ICED DEAD	A. STATE	EN CE (Where	deceosed lived. If insti B. COU	tution: reside	
FULL N HOSPITA	AL OR AD	NOT IN HOSPIT. DRESS OR LOCA	AL OR INSTITUT	ION, GIVE STREET	C. CITY OR TOV	<u>Marylan</u> Wn (M outside Baltimo:	corporote limits, write	RURAL ond	give township)
	915 Pie	rce St.			D. STREET ADD	RESS (If rurol, 915 Piet	-	10	
5. SEX	6. RAC		7. MARRIED, N	VORCED(specify)	8. DATE OF BIRTI	Н	9. AGE (In years lost birthdoy)		Yr. If Under 24 Hrs.
emal		egro	Sin	de	april.	3-1914	51		
13. FATE	MANNE SHAME	neovin	e t	BUSINESS OR INDUSTR	14. MOTHER'S M	Stote or foreign LAIDEN NAME	Carolaci	Man	COUNTRY?
	or unknown) (If yes,			6. SOCIAL SECURITY NO.	17. INFORMANT	4 1	. 1	ADDRESS	0,
		no.			marth	a W	eston 1	126 Pi	use Il
ICATION OT	This does not med least failure, astheni njury or complicatio	o, etc. It meons n which coused NDENT CAUSI NDITIONS, IF A FE CAUSE (A) S NDITION LAST. II IT CONDITIONS BUT NOT RE	dying e.g., s the disease, deoth.) ES ANY, GIVING TATING THE CONTRIBUTING	(B)	cy mecanor		of the liver		
. (2)	DATE OF OPERA		NDITION FOR W	HICH OPERATION	20A. AUTOPSY Yes		20B. IF YES, WERE FIN IN CERTIFYING CAUS VE	SES OF DEA	
EDIC INTU	EXTERNAL CAUS	NTRIB-		ACE OF INJURY (e.g., form, foctory, street,	, in or obout 21C. V				otion)
OF	TIME (Month) (Doy) (Yeo		E. INJURY OCCURRED	WHILE WORK	OW DID INJU	RY OCCUR?		
22.	L contifu she	t I held an I	Inquiry 🗆	Inspection A	utapsyXX and	d that an thi	s basis, death In m	w oninler	Essentine
	ACTUAL SIGNATURE EXAMINER'S	m: Natural ca	Stef G	cident Suici	de Homici CHIEF M D. ASSISTANT M ASSOCIATE M	de U EDICAL EX EDICAL EX	Indetermined manne AMINER AMINER AMINER	er 🗌	DATE SIGNED
REMOV	NAME (Type) JRIAL CREMATION (AL (Specify) (MULL)	1-22·	-66 / 23C.	necker, M.D. NAME of CEMETERY It afen	or CREMATORY		Ballo (City,	town, or cou	Mil
24A. DA	IAN 90 10		24B. NAME O	F REGISTRAR	24C. FUNER	AL DIRECTOR		AD	DRESS

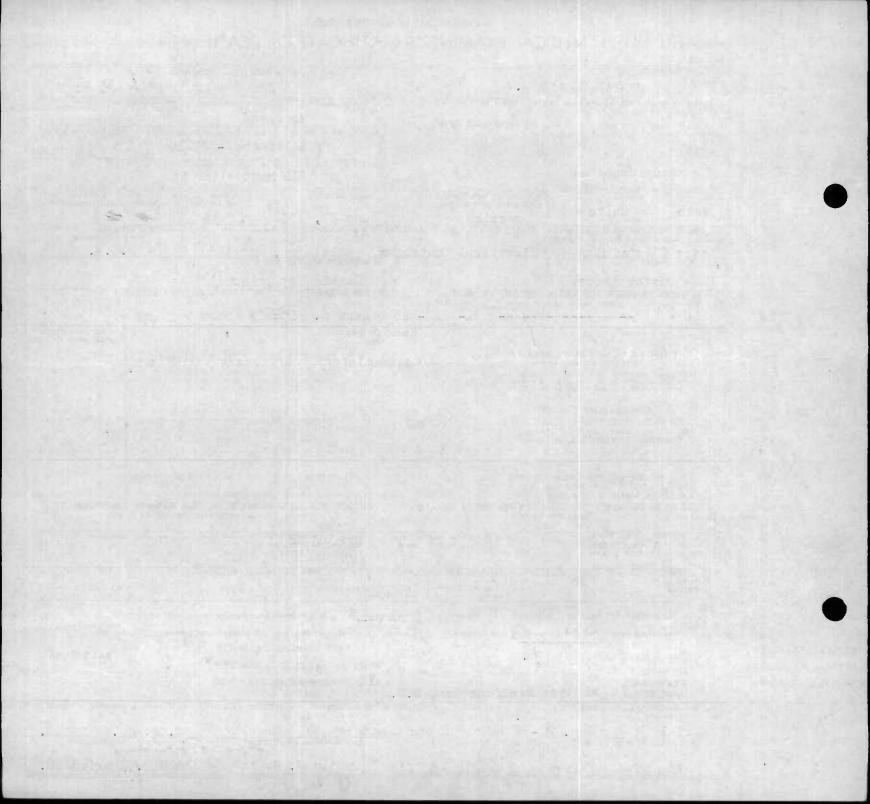


Registered No BIRTH NO. CERTIFICATE OF DEATH If Under 1 Yr. Months Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS. INTERVAL BETWEEN ONSET AND DEATH 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in(my))(our) apinian deoth accurred an the dote 23B. DATE SIGNED eceased town, joil shows: VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



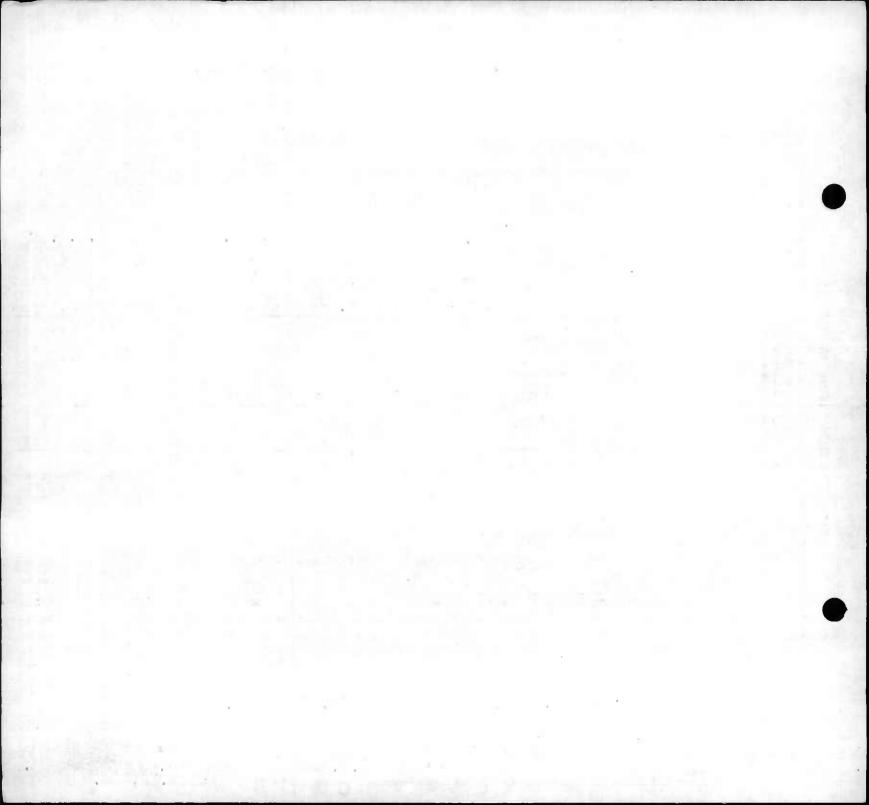
BIRTH NOGG	00654 MEDI		CAMINER'S CI			EATH Registe	ered No
M.E. CASE NO.							115 11654
Type or Print	GUSTAV KOORS	(W.)				nuary 19, 1	966 P. 8:05
3. PLACE IN BALT	JNCED DEAD	4. USUAL RESID		deceased lived. If inst	titution: residence before admis		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)				C. CITY OR TOV	VN (If outside		e RURAL ond give township)
7 Merc	y Hospital			D. STREET ADDR		give locotion) itpelier St	
5. SEX male	6. RACE white	WIDO WED,	NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRTH		9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours N
	UPATION (Give kind of work working life, even if retired)	marr	100. BUSINESS OR INDUSTRY	June 27,	State or foreign	59 country)	12. CITIZEN OF WHAT COUNTRY?
Master El	ectrician	Electr	ical Contracte	r Baltin	more, M	aryland	U.S.A.
13. FATHER'S NAN Gus	tav Koors				May Dr		
	D EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT	5 24		ADDRESS
NO		- 010 PM max 010 010 010	01-2712-215	Edna E.	Ritchi	e Koors	(same)
(This does heart foilure injury or co	SE OR CONDITION DI LEADING TO DEATH not meen the mode of , osthenio, etc. It meons mplicotion which coused	dying e.g., the discose, death.)		OF DEATH	cardic	ovascular d	isease
DISEASES RISE TO TH UNDERLYII	OR CONDITIONS, IF A IE ABOVE CAUSE (A) 5' NG CONDITION LAST. II WIFICANT CONDITIONS	NY, GIVING THE					
DISEASE OF	DEATH BUT NOT REI R CONDITION CAUSING F OPERATION 19B, CON WAS PER	DITION FOR				208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
O UNDERLYING	L CAUSE WAS OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street, o	yes in or obout 21C. W office bldg., INJURY	HERE DID (2S ive exoct location)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	V	VHILE AT NOT WORK	WHILE	ULNI DID WO	RY OCCUR?	
	URE VER'S	Test A	Accident Sercide	e Hamici	de UEDICAL EXEDICAL EX	AMINER E	h
NAME (Type) Rudige	123	enecker, M.D.	CREMATORY	23 D. Le	OCATION (City	, town, or county) (Stote
REMOVAL (Specific Burial	(y)	Sat. 2-66	Holy Cross Ce	metery		oklyn A	A. Co. Md
lak	20 1968 120		E. O. M.		E. Eva	ns 140	O S. Charles St
VS 151-REV. 1/1/	/65	79 9			.5		21230



	H NO. 66 00655		HEALTH DEPARTMENT	Registered No.	3 00655
M.E	CASE NO.	CERTIFICA	TE OF DEATH		
	AME OF DECEASED	2 720		D HOUR OF DEATH	l. l. t. r. p
3. P	MATRICCIANI, R	USE S.		8 = 66	4:45 P.M.
F	ULL NAME OF (If not in hospital or instituti	on, give street	MARYLAND B. COUNT	ТҮ	IRAL ond give township)
1/2	NSTITUTION		GLEN BURNIE		12-70
0				ural, give location)	
	ST AGNES HOSPITAL		7633 NINTH	COURT	
5. S		IED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
F		IARRIED	5-18-18	47	
	USUAL OCCUPATION (Give kind of work) 108, KIND during most of working life, even if retired) HOUSEWIFE	OF BUSINESS OR INDUSTRY	PENNSYLVANIA	•	12. CITIZEN OF WHAT COUNTRY?
11 - '	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
A	NTHONY SOLOMON		RACHEL KALEA	\L	
15, \	Nas Deceased Ever in U.S. Armed Forces? ,,no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	CATON AVE	ADDRESS
	NO	130180401	ST AGNES HOSP		RDS. WILKINS AND
	18. 4 -7 1)	CAUSE O		TIAL REGOL	INTERVAL BETWEEN
	DISEASE OF CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	(A)	eptic sh	ock	
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO	1		
	injury or complication which caused death.)	De De	nitomitis Paralytic	much	
	ANTECEDENT CAUSES	Paralytic	Eleus	\$40.1. = \$40.00 \$10.00	
	DISEASES OR CONDITIONS, if any, giver is to the above couse (A) stating				
	UNDERLYING CONDITION last.			### #### ### ## ## ### ### ### ### ###	
ATION	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
ERTIFICA		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
CAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
MEDI	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F, HOW DID INJU	JRY OCCUR?	
2	(APPROX.)	While At Not While At Work	e		
	22. I certify that (1) (this haspital) attende		1-9- 1	9 66,0 1-	18- 19 66,
	that (I) (we) last saw the deceased alive			at in(my) (aur) apini	an death accurred an the dote
	and hour and fram the couses stated above 23A, SIGNATURE	6. (I) (We) (did) (did not) v	iew the bady ofter deoth.		23B, DATE SIGNED
	Benjamin C.	Justica M.D. Atte	ending Med.	e. "	1-18-66
	23C. PHYSICIAN'S	Phy	s. Director 23 D. ADDRESS	Phys.	7 70 4 42
	"BENJAMIN C. GUZMAN		ST. AGNES HOS	SPITAL WILK	KENS AND CATON
24A	BURIAL CREMATION, 24B. DATE 240 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LC	CATION (City	, town, or county) (State)
	Burial Jan. 22/66	Holy Cross Co	em. 6020	Gov.Rich:	ie Hwy.
25A	. DATE REC'D BY HEALTH DEPT. 25B. NAM	AE OF REGISTRAR	250 FUNERAL DIRECTOR	0 1,	ADDRESS
V.5	JAN 20 1966 (12 20 17 16)	600	Jopunk is el	la Woll 3	22 S. High S t.

- Rea hetter in File - Bur of Brocklinger

			ne o	BALTIMORE CITY	HEALTH DEPARTMENT		co paese
BIR	TH NO.	66 00	1636	CERTIFICA	TE OF DEATH	Registered No	69 00656
	E CASE NO.	EACED				AND HOUR OF DEAT	ш
	pe or Print)		מ פרו	Dandon			
2	DI ACE OF DE	PI'ISCI.		. Bouton	Jan	uary 10,19	institution: residence before admission)
3.	PLACE OF DEA	ATH IN BALTIMORE, MA	KILAND		A. STATE B. CC	UNTY	institution: residence before odmission)
	FULL NAME O	F (If not in hospital	or institutio	n. nive street	Maryland		21-48
	HOSPITAL OR	oddress or locatio		, 9.70 311001	C. CITY OR TOWN (IF	outside city limits, write	e RURAL and give township)
	INSTITUTION				Baltimor		
7	6	26 Tunbrid	TO RO	n đ		(If rurol, give location)	
		20 Imibria	30 110	au		ridge Road	
-		11 - 1 - 1	In the small				
5.	SEX	6. RACE		D, NEVER MARRIED VED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	F	W	Ne.	ver Married	11/14/1907	58	
				OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	oreign country)	12. CITIZEN OF
don	-	working life, even if retired)	Md .	State Nurses			WHAT COUNTRY?
2.0	Secre		As	SOC	Baltimore 14. MOTHER'S MAIDEN	, Md ,	U.S.A.
13.	FATHERS NAM	WE			14. MOTHER'S MAIDEN	NAME	
V	Valter	S. Bouton			Florence	R. White	
15.	Was Deceased	Ever in U. S. Armed For	rces?	16. SOCIAL	17. INFORMANT		ADDRESS
(Ye	s, no or unkno wn	(If yes, give wor or dote	es of service		26		
	No			21 (-20-4031	Mrs.Beatric	e Barrett,	Georgetown, Main
	1B. 4)	0,11		CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION DI	RECTLY	A			
		LEADING TO DEATH		(A) Ina	lignot 1.	ypertens	un pre year
		ol meon the mode of		g., DUE TO	7	1	
		osthenio, etc. It meons		se,		0 0	, ,
		ANTECEDENT CAUSES		(B)	unny t	lerombre	o lakey
				DUE TO	0		0
		OR CONDITIONS, if a obove couse (A)					
		G CONDITION lost.	aloung 1	he (C)			· · · · · · · · · · · · · · · · · · ·
						•	
z	OTHER SIGNI	III IFICANT CONDITIONS	ONTRIBUT	ING			
ATION	TO THE D	EATH BUT NOT RELA	ATED TO	THE			
				R WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B, IF YES, WER	E FINDINGS CONSIDERED
CERTIFIC	0	WAS PER				IN CERTIFYING C	CAUSES OF DEATH?
3	21A. ACCIDE	NT WAS UNDERLYING	1:	TB. PLACE OF INJURY (e.g., i	n or about 21C WHERE DIE) (If in Rolling	ore City, give exact location)
AL	OR CONTRIBL	JTING CAUSE OF		iome, form, foctory, street, o	fice bldg., INJURY OCCUR	?	ore city, give exoct tocomoni
U		medical examiner)	•	etc.)			
EDI		(Month) (Day) (Year)	(Hour) 2	TE. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
2	(APPROX.)			While At Not While			
				Work At Work	-	A	
	22, I certify	that (1) (This hospita	l) ottende	the deceased from	uly	196/ 10 1/	m 18 1966
	that (1) (we)	last sow the decease	ed alive o	lee 10	1965 ond	that in (my) (our) a	plnion death occurred on the date
	and house on	d from the courses sto	ted obove	(I) (We) (did) (did nat) v			
	23A. SIGNATU			(1) (110) (010) (010 1101)	Tew The body offer deo	1116	23B. DATE SIGNED
	234. 3101141	Ylelst.	5 /L	Illy M.D. AH	anding The Mad	Staff	(m201966
		1 a pa	1 14.	Phy	ending Med. Director	Phys.	in the tolling
	23C. PHYSICIA				23D. ADDRESS		
	NAME (T	Ralph G	Hill	LS M.D.	18 E. Eage	r St.	
24	A RIIDIAL COE	_		NAME of CEMETERY OF CR			(6:4-)
24/	REMOVAL (MATION, 24B. DATE Specify)	240.	NAME OF CEMETERS OF CR	SWATORT 24D	LOCATION	(City, town, or county) (State)
0	remati	on 1/21/6	56 (Freenmount		Baltimor	e, Maryland
25/	A. DATE REC'D	BY HEALTH DEPT.		E OF REGISTRAR	25C. FUNERAL DIREC	FOR	ADDRESS
	1881 0 -	1000 0	a figure		H.W.Jenkin		
_	JAN ZO	1955 (1) 0 1	10	Part O	0000	Baltz	o.12, Md.



23A. SIGNATURE

on the Such

attendance

death.

0

prior

a hospital and

	BALTIMORE CITY	HEALTH DEPARTMENT		00 00057		
BIRTH NO. 66 006	CERTIFICA	TE OF DEATH	Registered No	se 00657		
M.E. CASE NO.	CERTIFICA	TE OF DEATH				
1. NAME OF DECEASED		2, DATE AN	D HOUR OF DEATH			
(Type or Print) HARRIS , BERNAR!	DAUBREY	Janua	ry 19, 1966	1:45 P M.		
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND		e deceosed lived. If ins	titution; residence before odmission)		
FULL NAME OF (If not in hospitol HOSPITAL OR oddress or locotion INSTITUTION	or institution, give sheet n)	Maryland C. CITY OR TOWN (Il outside city limits, write RURAL ond give township)				
Veterns Administration	on Hospital	Baltimore.				
3900 Loch Raven Bouler	_	D. STREET ADDRESS (If r	uiol, give location)			
Baltimore, Maryland 2	21218	416 Evesham Avenue				
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
Male White	Married	3/28/97	68			
10A. USUAL OCCUPATION (Give kind of wordone during most of working life, even if refired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?		
Banker-Retired	Stocks & Bonds	St Mary's County, Md. U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
John H. Harris		Mary Readmond				
15. Was Deceased Ever in U. S. Armed Fo (Yes, no or unknown) (If yes, give war or date		17. INFORMANT		ADDRESS		
Yes 7/8/18 - 2/	12/19 217-12-5173	VA Hospital Rec	ords Baltimo			
18. 420. 141/62	CAUSE O	nary Heart Dise	ase With	ONSET AND DEATH		
DISEASE OR CONDITION DI		ordial Infarct		5 Years		
(This does not meen the mode of heart failure, asthenia, etc. It means injury or complication which coused	dying, e.g., DUE TO					

l'es	s, no or unknown) (If yes, give wor or dotes of services)	SECURITY NO.	17. INFORMANT		ADDKESS
	Yes 7/8/18 - 2/12/19	217-12-5173	VA Hospital Reco	ords Baltimore	Md. 21218
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O Coro: Myoc	hary Heart Dises ordial Infarct	ase With	onset and death S Years
	(This does not meen the mode of dying, heart failure, asthenia, etc. It means the diserinjury or complication which caused death.)				
	ANTECEDENT CAUSES	(B) DUE TO			
	DISEASES OR CONDITIONS, if ony, given is to the obove couse (A) stoting UNDERLYING CONDITION lost.	9			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE Bronchogenie	c Carcinoma		1 Year
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	Yes or No)	20B. IF YES, WERE FINDI IN CERTIFYING CAUSES YES	NGS CONSIDERED OF DEATH?
Ü	21Å. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, lorm, foctory, stieet, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore City	, give exoct location)
ш	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
\$	(APPROX.)	While At At Work	е		
	22. I certify that (外(this hospital) attended	d the deceased from Oc	tober 25th	66 January	19th 19 66
	that 🕅 (we) lost saw the deceased alive	January 19th	1966 ond tha	t in (my) (our) apinian	death accurred an the do
	and he would from the annual areas about	API (W.) (It I) (draft work)	1 1 1 6 1 1		

stated above. (CD) (We) (did) (MACNOX) view the body after death. 23 B. DATE SIGNED Attending Phys. Med. Director

23D. ADDRESS

M.D.VA Hospital, Baltimore, Maryland 21218

28

Sons

Co.

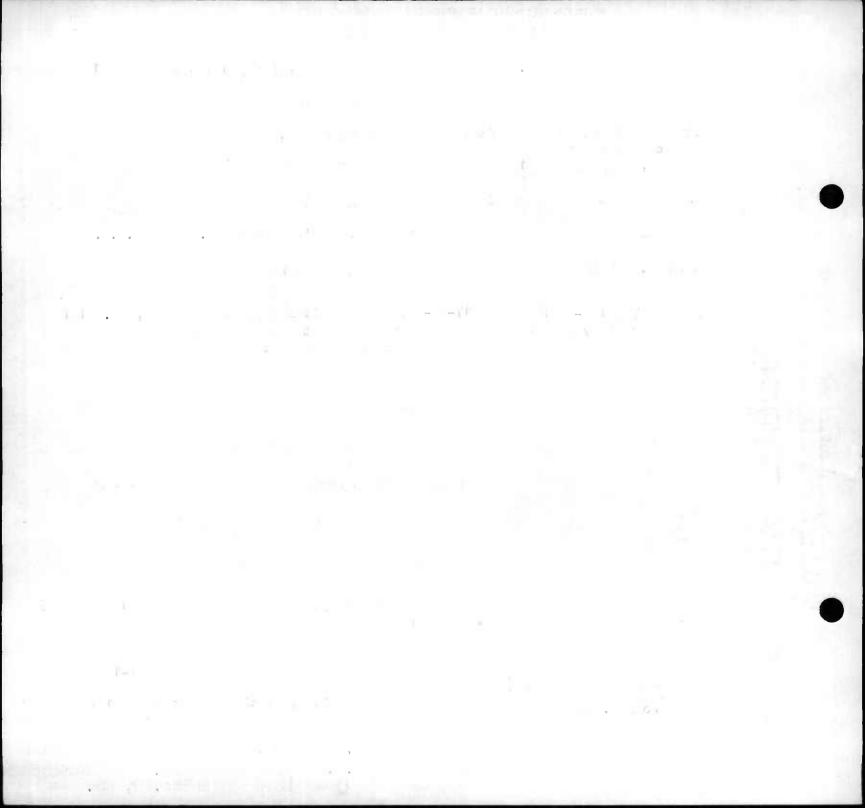
1-19-66

(Stote)

23 C. PHYSICIAN'S NAME (Type) John S. Howe 24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)

Burial 1/22/1966 Loudon
25A. DJAN 201966 Part 1258 NAME OF REGISTRAN Baltimore Maryland 4905 York Road Park 25c. FUNERAL DIRECTOR H.W. Jenkins

VS 150-REV. 1/1/65



JAN 20 1965 VS 150-REV. 1/1/65

BIR	BALTIMOR	E CITY HEALTH DEPARTMENT	CC BLETC
AA	RTH NO. 66 00658 CERTIF	ICATE OF DEATH Registered N	66 00658
3 9	NAME OF DECEASED	2. DATE AND HOUR OF DEAT	
	Illam Lo Collon	Jan 18,196	
3,	PLACE OF DEATH IN BALTIMORE, MARYLAND	4, USUAL RESIDENCE (Where deceased lived, I A. STATE B. COUNTY	institution: residence before odmiss
	FULL NAME OF (If not in hospital or institution, give sheet oddiess or location)	Mary land	3-0Y
	INSTITUTION	1 R 1+ - 1 -1	te RURAL ond give township)
R	Church Homes Hospita	D. STREET ADDRESS (If jurol, give location)	У
	Choren Homes Hym	311 Ballow Cot.	
5.	SEX 6. RACE 7. MARRIED WIDO	B. DATE OF BIRTH 9. A (In yeors lost loy)	If Under 1 Yr. If Under 24 Months: Doys Hours Mir
	1 Cau Widowed	6-11-1899 66	10013
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IND ne during most of working life, even if retired)	OUSTRY 11. BIRTHPLACE (State or foreign contry)	12. CITIZEN OF WHAT COUNTRY?
	Retired Painter & Decorator	Me	USA
	FATHER'S NAME	14. MOTHERS MAIDEN NAME	
	Lee J. Collum	Rosie M	Moore
15. (Ye	. Wos Deceosed Ever in U. S. Armed Forces? es,no or unknown)(Iff yes, give wor or dotes of service) 16, SOCIAL SECURITY NO.	17. INFORMANT	/ ADDRESS //
	None 219-03-416		ak 136 Statters
	18 CAI	USE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	41 110	
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	Arterroscleratic Carde	0- 14 Vrs
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	vascular Disease	e ///
	ANTECEDENT CAUSES (B)	Myocardial Degen	,
	DISEASES OR CONDITIONS, if any, giving	то	au Faira 19 and Tha 1994 ann ann ann ann ann ann ann ann ann an
	rise to the obave cause (A) stating the (C)		
	UNDERLYING CONDITION lost.		
	OTHER SIGNIFICANT COMPTIONS CONTRIBUTING	, , , , , , , , , , , , , , , , , , , ,	
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATION	TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	cabetes Mellitus	
FICATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED		RE FINDINGS CONSIDERED
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING	CAUSES OF DEATH?
L CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY home, form, foctory, st	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH? note City, give exact location)
CAL CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner) 21B. PLACE OF INJURY home, tourn, toctary, sheet.)	Y (e.g., in or obout 21C. WHERE DID (It in Bottin in Bot	CAUSES OF DEATH?
EDICAL CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY	Y (e.g., in or obout 21C. WHERE DID (It in Bottin treet, office bldg., INJURY OCCUR?	CAUSES OF DEATH?
CAL CERTIFIC	19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY (APPROX.)	Y (e.g., in or obout 21C. WHERE DID (It in Bottin treet, office bldg., INJURY OCCUR?) ED 21F. HOW DID INJURY OCCUR?	causes OF DEATH?
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occurred in a hospital and

death

or his assistant if

This certificate must be approved by the chief medical examiner

the body was released to the hospital by

shows: (1) An accident of

of death

contributing

attendance COUSE

> regular deceased

> > the

attendance on

death

fracture

who

physician

medical

(2) Body

any nature;

written approval must be obtained before the remains are embalmed or final disposition is made.

CERT

death); and (6) No physician was in regular

where

(except

hospital

at a

was D.O.A.

deceased prior to

Such (4) Undetermined cause; (5) Deceased uo o prior to death.

			BALTIMORE CITY	HEALTH DEPAR	TMENT		
BIRTH NO.	66.01	1659	CERTIFICA	TE OF DE	ATH	Registered No.	CC MACCO
M.E. CASE NO.	6,6	10.70	CERTIFICA	TE OF DE	7111		DD 00003
1. NAME OF DECE	ASED				2. DATE AN	D HOUR OF DEATH	^
(Type or Print)	Bertha I		logelsang		Janu	ary 18, 196	6 1 5 P M
3. PLACE OF DEA	TH IN BALTIMORE, MAI	MLAND					stitution: residence before admission)
				A. STATE	B. COUN	IT	
FULL NAME OF			give street	Maryla	nd		
HOSPITAL OR	address or lacotion)		C. CITY OR TOW	/N (If out	side city limits, write-	(URAL and give tawnship)
Th	e Wesley Home	The		Baltim	0.20		7)-/
				D. STREET ADDR		rural, give lacation)	
	ll West Roger						
	ltimore, Mary					gers Avenue	21209
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
Female	Whi te			A			Williams Day's Hools Williams
		Wide		Aug. 4, 1	090	75	
	rarking life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or torei	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
				Lours	1 Coun	tor Ma	
Housew				Carroll County, Md.			
13. FATHER'S NAM	\E			14. MOTHER'S M	AIDEN NA	ME	
Albert	Gilbert			Mar	garet	Dudderar	
15. Was Deceased	Ever in U. S. Armed Ford	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	tir yes, give wor or oole:	s of selvice		571			
			218-52-3268	The Wesl	ey Hom	e, Inc. sar	ne address as above
1B.) / 5	1 3/1 3/4 4	V	CAUSE O	F DEATH			INTERVAL BETWEEN
TOUCEAS	E OR CONDITION DIR	ECTIV		2		A	ONSET AND DEATH
	LEADING TO DEATH	ECILI	0-0	selevolic a	1-	//	
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	plication which caused				/	// 1	
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	R CONDITIONS, if above cause (A)						
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O TO E RETTING	CONTONION IOSI,						
	ll l						
OTHER SIGNIE	ICANT CONDITIONS C	ONTRIBUTING	3 () - 1 A En MA	01.	61	4	
O THE DE	ATH BUT NOT RELA	TED TO TH	Seal eles 16 VIII.	1. Taileras	n Black	2011	
19A. DATE OF		-	WHICH OPERATION	20 A ALITOPEY	2 (Yes or No	OR IF VEC WERE	INDINGS CONSIDERED
19A. DATE OF	WAS PERF		THICH O' ERAHON	207. AU 10731	1	IN CERTIFYING CA	USES OF DEATH?

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? etc.)

(If in Boltimare City, give exact location)

MEDICAL 21 D. TIME (Doy) (Year) (Hourl OF INJURY (APPROX.)

21E. INJURY OCCURRED Not While While At

21 F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from

Work At Work

that (1) (we) last sow the deceased alive on. ond that in (my) (aur) opinion death occurred on the date and hour ond from the causes stoted obave. (1) (We) (did) (did not) view the body after deoth.

23A, SIGNATARE 23C PHYSICIAN'S NAME (Type)

Attending Phys. x 23D. ADDRESS

Med. Director

Stoff Phys.

23 B. DATE SIGNED

24A. BURIAL CREMATION, REMOVAL (Specify)

24C. NAME at CEMETERY or CREMATORY

24D. LOCATION

Burlal

1/21/1966

Pipe Creek Cemetery Carroll

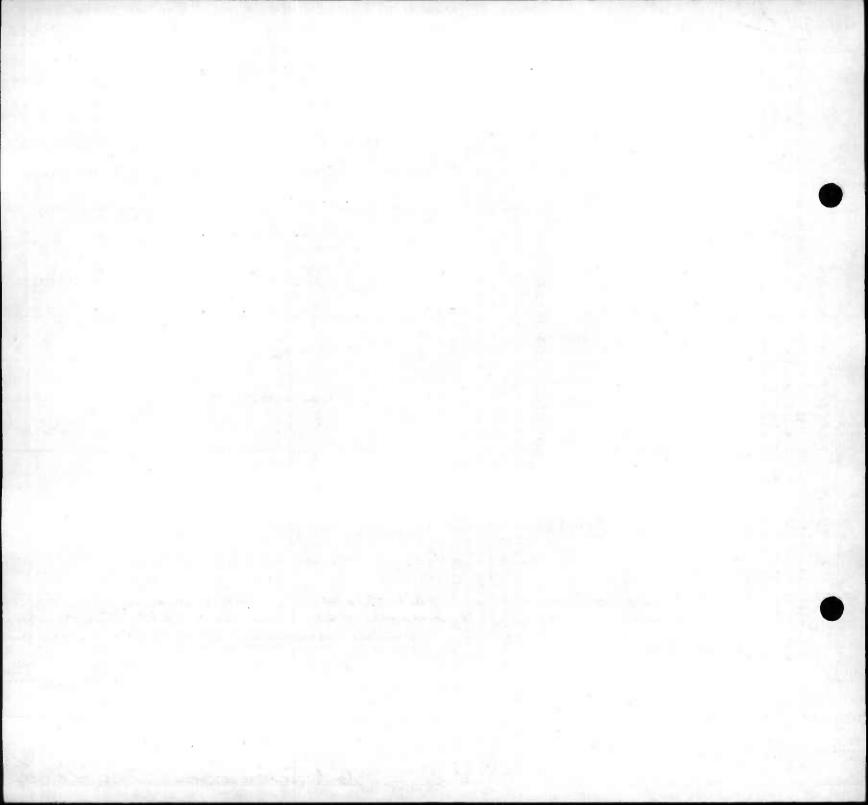
25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

County, Maryland
Ballimore, Md.

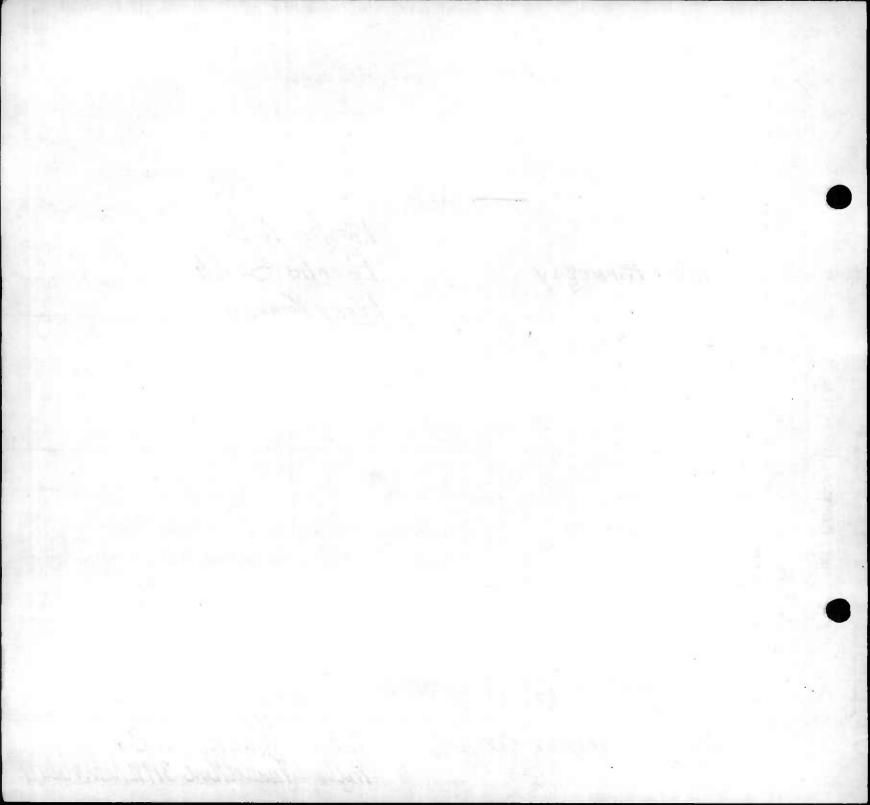
VS 150-REV. 1/1/65



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

		BALTIMORE CITY	HEALTH DEPARTMENT		66 0 000		
BIRT	H NO. 66 00660	CERTIFICA	TE OF DEATH	Registered Na.			
	Undi III						
(Typ	ame of Deceased e or Printl Roland Korn	egay	11/1	9 66	4:32 Am.		
3. F	LACE OF DEATH IN BALTIMORE, MARYLAND	1	4. USUAL RESIDENCE (When	e deceased lived, If in	stitution: residence before admission)		
1	ULL NAME OF (If not in hospital or institution oddress or location) NSTITUTION	on, givo stroot	C. CITY OR TO, WN (If out	side city limits, write	RURAL ond give township)		
11			D. STREET ADDRESS (If	R			
1	Lutheran			levood ST			
5. 5		WED, DIVORCED (specify)		9. AGE (In yoors lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	USUAL OCCUPATION (Give kind of work 10 B. KINE during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foroi	gn country)	12. CITIZEN OF WHAT COUNTRY?		
	Construction waker Bu	e.' Iding	KINSTON IV	.C.	U.S.A.		
13.	FATHER'S NAME	V	14. MOTHER'S MAIDEN NAM	ME +/			
	Was Deceased Ever in U. S. Annald Forces? ,no or unknown) (If yes, give wor or dayles of servi		1001/10 C	SMIM			
15. (Ye:	Was Deceased Ever in U. S. Armed Forces? , no or unknown) (If yes, give wor or dates of servi	SECURITY NO.	17. INFORMANT		ADDRESS		
U	onthoun		HENRY KERNE	ocy			
	1B. 600 0	CAUSE O	F DEATH		ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(4)	11. Denia				
	(This does not mean the made of dying, heart failure, osthenia, etc. It means the dise injury or camplication which caused death.)	ase,	Uremia				
	ANTECEDENT CAUSES	(B)	Chronic Pyclon	rephitis			
	DISEASES OR CONDITIONS, if any, given	DUE TO ving					
	rise Ia The abave cause (A) stating the (C) UNDERLYING CONDITION last.						
	- 11				-		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING Conger	tive Heat Fai	lure			
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	o City, give exect lecetion)		
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While Work Not Work	21 F. HOW DID INJ	URY OCCUR?			
	22. I certify that (I) (this haspital) attend	ed the deceased from	ecember 20 1	1965 to Wa	nuary 19, 1966.		
	that (I) (we) last saw the deceased olive an Carriage 17 19 46 and that in (my) (our) opinion death occurred on the date						
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.						
	23A. SIGNATURE			c. " >-	23B. DATE SIGNED		
	Town (zen	Phy		Stoff Phys.	1/19/36		
	23C. PHYSICIAN'S NAME (Typo) Robert C. Bla	Kmon M.D.	Luther au	Hospito	./		
244	BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	EMATORY 24D. LO	OCATION (C	ty, town, or county) (Stote)		
1	Reppled 1/21/1966 H	instant	71.C. K	instan	N.C.		
25A	73AN 20 1986 80 0. 25 NO	NE OF REGISTRAR	25C. EUNERAL DIRECTOR	waltone.	31991 SALVALALIS		

V\$ 150-REV. 1/1/65



SET NO. CERTIFICATE OF DEATH Registered M A LUBLAR STATE Registered M CERTIFICATE OF DEATH Registered M A LUBLAR STATE Registered M REGISTER STATE Registered M REGISTER REGIST	44-01-10	66 10661 BALTIMORE CIT	Y HEALTH DEPARTMENT
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The state of the s	-705	1. NAME OF DECEASED	2. DATE AND HOUR OF DEA
THE PART OF THE PA	cause cause use; (5) endanc	FULL NAME OF (If not in haspital or institution, give street address or location) Bultume City, Horpital	MD. // OA Sacala C. CITY OR TOWN (If autside city limits, with BALLITMORE D. STREET ADDRESS (If rural, give location)
MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. MASON 17. INFORMANT 18. CAUSE OF CAUSE 19. DISEASE OR CONDITION DIRECTLY 18. LEADING TO DEATH 19. DISEASE OR CONDITION DIRECTLY 18. LEADING TO DEATH 19. DISEASE OR CONDITION S, if only, giving disease, injury or complication which coused death.] ANTECEDENT CAUSES 19. DISEASE OR CONDITION S, if only, giving disease, injury or complication which coused death.] 19. DISEASE OR CONDITION S, if only, giving disease, injury or complication which coused death.] 19. DISEASE OR CONDITION S, if only, giving disease, injury or complication which coused death.] 19. DISEASE OR CONDITION S, if only, giving disease or conditions constrained to the above couse (A) slotling the UNDERLYING CONDITION CAUSING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING TO THE DI	ar ar	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years last birthday)
S. Wes Deceated River in U. S. Armed Forces? I. S. Wes Deceated River in U. S. Armed Forces. I. S. Wes Deceated River in U. S. Armed Forces. II. S. Wes Deceated River in U. S. Armed Forces. II. S. Wes Deceated River in U. S. Armed Forces. II. J.	or con or con s in re decea	IDA. USUAL OCCUPATION (Give kind of work) IDB. KIND OF BUSINESS OR INDUSTRY Idane during most of working life, even if retired)	MARYLAND
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UNDERLYING CONDITION lost. Content significant conditions contributing to the Disease or condition causing it. Conditions contributing to the Disease or condition causing it. Conditions contributing to the Disease or condition causing it. Conditions contributing it. Conditions conditions contributions	or his Also, ree of an annunce aftend	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	Laurhm Laurhm Leuroma, Esophyn
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21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED While At	FUNE te chie by a 2) Body e the physic	U 27A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., hame, faith, factory, street, of DEATH (notify medical examiner)	YES IN CERTIFYING
that (1) (we) last sow the deceased alive on	roved by nature y nature xcept w nd (6) I	(APPROX.) Wark At Wark	ile 🗀
23A. SIGNATURE Attending Med. Stoff Phys. Director Phys. Phys. Phys. Director Phys. Phy	od to the total (e) arth); a	that (1) (we) last sow the deceased alive on	
	e must k release acciden a hospi r to dec	23C. PHYSICIAN'S M.D. At	ys. Director Phys.

the body was re shows: (1) An ac was D.O.A. at a deceased prior t

TH If institution: residence before admission) ite RURAL and give tawnship) If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min, 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS ERN AVENUE #21224 INTERVAL BETWEEN RE FINDINGS CONSIDERED CAUSES OF DEATH? mare City, give exact lacation) aplnion death occurred on the date

23B. DATE SIGNED

1-15,66

M.D.

4940 EASTERN AVENUE #21224

24C. NAME of CEMETERY OF CREMATORY

(State)

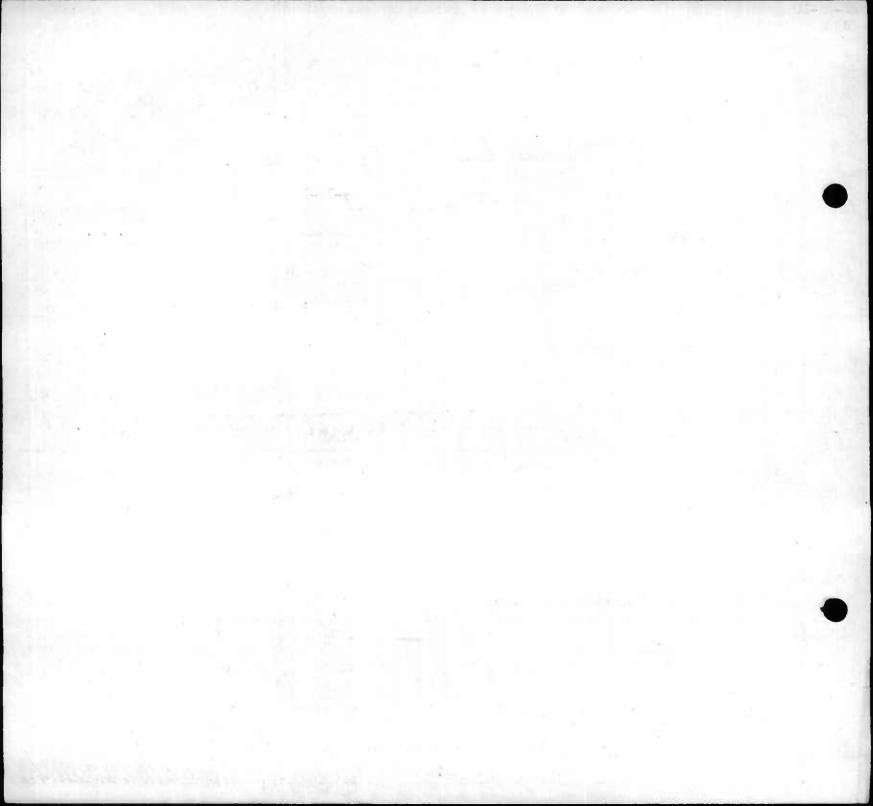
DR. QUIRTCO SANTIAGO

25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/65

24A. BURIAL CREMATION, 24B. DATE

REMOVAL (Specify)



ACTUAL SIGNATURE_

23A, BURIAL CREMATION,

VS 151-REV. 1/1/65

EXAMINER'S Werner U.Spitz, M.D.

23B. DATE

18-200

	64	00665			ALTIMORE CITY HEAL					
18	BIRTH NO.		WEDIC	LAL EX	AMINER'S CH	RIFICAL	E OF D	EATH Register	red No	
1	M.E. CASE N									
	Type or Print)	DECEASED				1	DATE AND			
				field	Bass				M.	
3	. PLACE IN	BALTIMORE, MARY	LAND, WH	ERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY				
	ULL NAME	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)				Maryland				
111	HOSPITAL OR					C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
	1					Bal	timore		0 10 2	
P					D. STREET ADDRE	SS (If rural, g	ive location)			
1	1	City Hosp	itals			2. DATE AND MOUR PRONOUNCED DEAD 1/18/66 8:55 a. M. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland C. CITY OR TOWN (If outside corporote limits, write RHRAL and give township) Baltimore D. STREET ADDRESS (If rurol, give location) 321 N. Carrollton Ave. 8. DATE OF BIRTH 9. AGE (In years lost births 10 births 1				
-	male	6. RACE	\ \		NEVER MARRIED	B. DATE OF BIRTH	19017	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Days Hours Min.	
d	lone during mg	st of working life, ever	kind of work 1	OB. KIND OF	BUSINESS OR INDUSTRY		tote or foreign	country)		
1		LOZPOHE'H				TA AAOTH EP'S AA AI	DEN NAME	10.01		
	E	B. Box	SS			Cla	11	h/S		
		ASED EVER IN U.			16. SOCIAL SECURITY NO.	17. INFORMANT	nn	4	ADDRESS 701	
	No					Carrie	11120	by 32/9	Carrollton ar.	
	DI	SEASE OR COND LEADING T Des not mean the ilure, asthenia, etc. r complication which	O DEATH				nary thi	rombi		
	RISE TO	ANTECENDEN SES OR CONDITION THE ABOVE CAI RLYING CONDITION	ONS, IF AN		(8) DUE TO					
	O TI	II SIGNIFICANT COI HE DEATH BUT SE OR CONDITION	NOT RELA	TED TO TH	G I E					
	1 de		WAS PERFO		HICH OPERATION					
	UNDERLYI UTING	RNAL CAUSE WANG OR CONTRIB- CAUSE OF DEATH		21 B. P hame, etc.)	LACE OF INJURY (e.g., i form, factory, street, a	n or about 21C. WH ffice bldg., INJURY (HERE DID (IF	in Baltimore City, giv	re exoct location)	
	21 D TIMI OF INJUR (APPROX.)	(Month) (D	oy) (Yeor)		E. (NJURY OCCURRED HILE AT NOT NORK AT WE		M DID INJUR	Y OCCUR?		
		certify that I he			Inspection Auto			bosis, deoth in m		

23C. NAME OF CEMETERY OF CREMATORY

24B. NAME OF REGISTRAR

CHIEF MEDICAL EXAMINER

23D. LOCATION

M.D. ASSISTANT MEDICAL EXAMINER

24C. FUNERAL DIRECTO

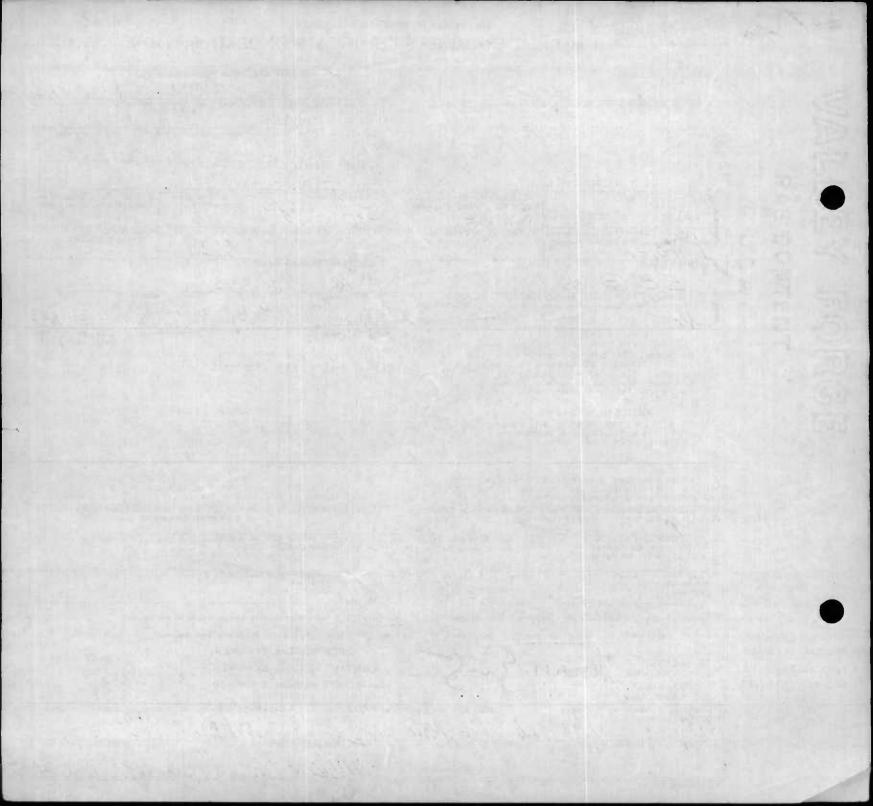
ASSOCIATE MEDICAL EXAMINER

DATE SIGNED

(State)

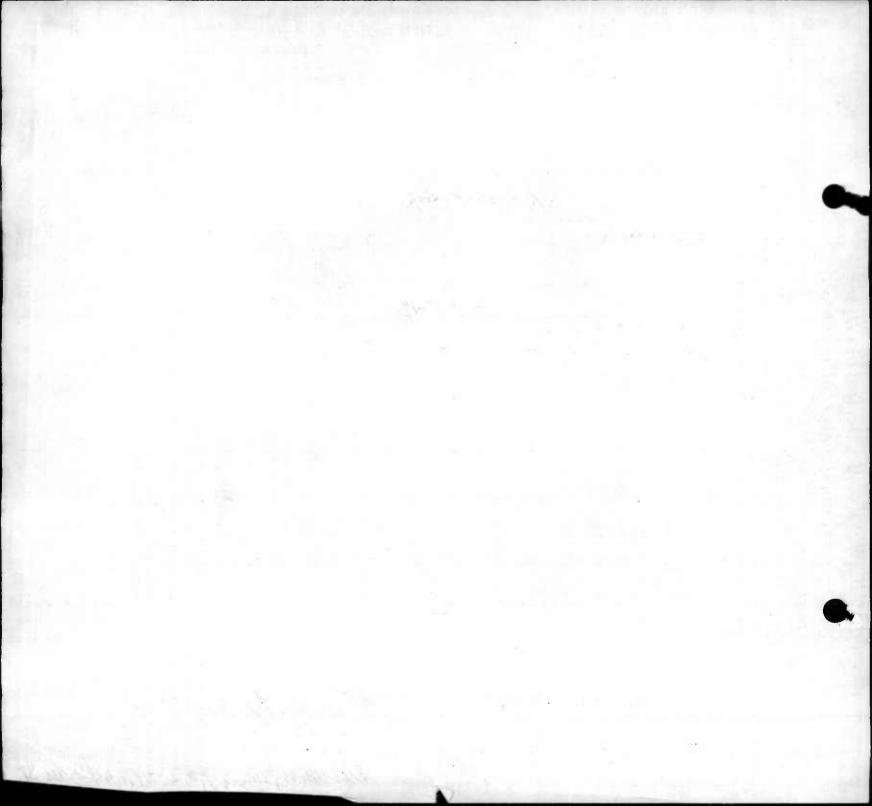
1/18/66

(City, townsor county)



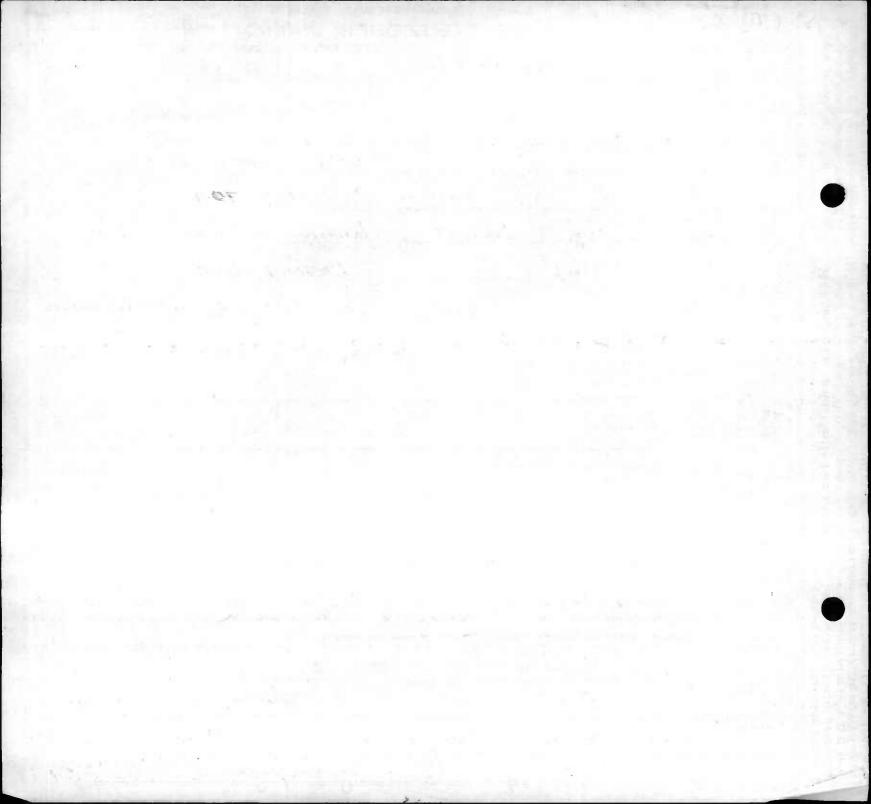
BALTIMORE	CITY	MEALTH	DEDADTAKE	25.1
DALLIMURE	CHIL	DEALID	UTTAKIMI	"IN

	BALTIMORE CITY HEALTH DEPARTMENT							
	TH NO. E. CASE NO.	66 0066	3 CERTIFICA	ATE OF DEATH	Registered No.	6 00663		
1. N	IAME OF DECEASE	D	1	2, DATE AN	ID HOUR OF DEATH	2/		
(Type or Print) Leonard Wheeler Jan 16 1966 8:0								
3. 1	PLACE OF DEATH	IN BALTIMORE, MARYLAN	ID	4. USUAL RESIDENCE (Whe	re deceased lived. If institu	ution: residence before admission)		
	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in haspital or inst oddress or location)	itution, give street	C. CITY OR TOWN (If our	Balt- Iside city limits, write RUR	more City Al and give township		
1/		11	E 1 1		or C	400		
5. 3	Univer	A C E 7 A A	PITO ARRIED .	326 N.	Pine -	f Under 1 Yr., If Under 24 Hrs.		
	M	C W	SMM/CG (Self.)	4/2/17 IY 11. BIRTHPLACE (State or fore)	78	lonths Days Hours Min.		
	during most of working		THE OF BOSINESS OF IMPOSIN	141 11 1	1.0	2. CITIZEN OF WHAT COUNTRYS		
1	Shoe rep	z/nem		North Ca	rolina	U,J,A,		
13.	Junius	A. Whe	eler	Lillie 1	WE ?			
15. (Ye:	Was Deceased Ever	in U. S. Armed Forces?	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	1 :	ADDRESS		
	no		577-18-1461		hospital	chart)		
1	DISEASE O	R CONDITION DIRECTL	./	OF DEATH	1 1.	ONSET AND DEATH		
		DING TO DEATH	(A) D	ulmonary	emboli	unknown		
	heart foilure, osth-	nean the mode of dying enia, etc. It means the d alion which caused death	isease,					
	ANTE	CEDENT CAUSES	(B)					
1		CONDITIONS, if ony,	giving					
	rise to the of	bove cause (A) stotic ONDITION last.	ng the (C)					
ATION	TO THE DEATH	II NT CONDITIONS CONTR I BUT NOT RELATED DITION CAUSING IT.	IBUTING proba	ble tuber	culosis			
CERTIFIC	19A. DATE OF OPE	RATION 198. CONDITION	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	OB. IF YES, WERE FINE	DINGS CONSIDERED S OF DEATH?		
CAL CE	21A. ACCIDENT WOR CONTRIBUTION DEATH (notify med		21B. PLACE OF INJURY (e.g., hame, lorm, factory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimare Ci	ity, give exact locotion)		
EDI	OF INJURY	onth) (Doy) (Year) (Hou		21F. HOW DID INJ	URY OCCUR?			
1	(APPROX.)		While At Not Wh		. /			
	22. I certify that	(this hospital) atte	anded the deceased from	1/14	19 66 to	16 1966.		
		saw the deceased ali	1/11	/ / /	7	n deoth occurred on the date		
	ef.		//-		or m.(m,, (aor, opimo	ii doonii occoired on the date		
	23A. SIGNATURE	m the couses stored of	pove. (H) (We) (did) (did nor)	-view the body offer deofh.	23	B. DATE SIGNED		
	1	an die	Stoff CA					
	25C. PHYSICIAN'S	Who are	Med. Director 23D. ADDRESS	Phy s.	,			
SUSAN L HOWARD, MD M.D. 96 NIVE AS IT HOSPITCE								
244	BURIAL CREMATI		24C. NAME OF CEMETERY OF C	WIVEHSI	OCATION LE ICity	town, on county) (State)		
2	REMOVAL (Specif	1/20/1966	Arkadus Mi	mount Pork 1	refules 9	Mld.		
25A	LAN ON TOP		AME OF REGISTRAR	25C. FUNERAL DIRECTOR	wee of Dans	21119 Cale		
VS	150-REV. 1/1/6\$	O CHANGE OF THE	9 6 6 6	TVASALUMS VIII	MADU THE	JIY JI		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. of a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). IMPORTANT FUNERAL DIRECTOR:

	BALTIMORE CIT	Y HEALTH DEPARTMENT	/	
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	63 00034
M.E. CASE NO.	0=1(11110)		1.	
NAME OF DECEASED	: 4	2. DATE AN	D HOUR OF DEATH	
(Type or Print) SISTER MARY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	MAURELIA	1-	16-66	IP
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	re deceased lived. If inst	itution: residence before admissio
		A. STATE B. COUN		01
FULL NAME OF (If not in hospital or institu	tion, give street	C. CITY OR TOWN (IF aus	111	11/1
HOSPITAL OR address or location) INSTITUTION		C. CITY OR TOWN (If qui	tside city limits, write RU	RAL and give tawnship)
1		BALTIMORE		22-00
H BON SECOURS HOSP	tal		rural, give location)	
A NOW SECOURS NOW	(14)		- /	
1		6401 N. C		
	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H
	OWED, DIVORCED (specify)	9-30-1894	last birthday)	Manths Days Haurs Min.
	IER MARRIED	1	-70-11	
DA. USUAL OCCUPATION (Give kind of wark 108, KIP ane during most of warking life, even if retired)	ID OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State at farei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	1 mills of	IRVINGTON, N	our longor	USA
	Convent			U JR
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Carrer C+11		Masser	C +	
George Stahl		MARGARET	21/2	
5. Was Deceased Ever in U. S. Armed Farces? 'es,na ar unknawn) (If yes, give war ar dates af ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
A /	4.0	10 11-11-	P-222 / 11	OI N. CHARLES
NO	NONE	LONUVENTI 12	CARUS COT	OF TO CHARLES
is. / 9 3 0	CAUSE	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	61	OMA, LEFT CER	expend House	5 Mouths
(This does not mean the made of dying,	e.g., DUF TO	OMIT LEFT CER	CORNI /CMISPIC	R S PIOD CAS
heart failure, asthenia, etc. It means the dis				
injury or complication which coused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR COMPITIONS "				
DISEASES OR CONDITIONS, if ony,				
rise la lhe above cause (A) sloting UNDERLYING CONDITION lost.	ine (C)			
0.000				
7				
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
TO THE DEATH BUT NOT RELATED TO) IHE			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar Na	208, IF YES WERE FIN	IDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED			IN CERTIFYING CAUS	ES OF DEATH?
		yes	/	25
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., hame, larm, factory, street,	in ar about 21C. WHERE DID	(If in Baltimare (City, give exact location)
DEATH (natify medical examiner)	etc.)	mice blug, majori Occor?		
5				
21D. TIME (Manthl (Dayl (Year) (Haurl	21 E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Nat Whi	le 📉		
(ATTROW)	Wark At Wark			
22. I certify that (V) (this haspital) atten-	ded the deceased from	JAN 8	1966 to .	IAN 16 1966
	2	1.0		
that (N (we) last saw the deceased alive	an JHV)	19 66 and the	at in (Thux) (aur) apini	an death accurred an the d
and haur and from the causes stated aba	ve. (I) (We) (did) (did)	view the hady after death		
23A. SIGNATURE	(The budy unter death.		DATE CIONES
				38, DATE SIGNED
Samel (Cino	M.D. Att	ending Med. Director	Staff Phys.	1-16-1966
23C. PHYSICIAN'S		23D. ADDRESS	, 3.	
NAME (Type)		^ -	11	0 1
SAMUEL C. Chuo	M.D.	BON SECOU	IRS HOSA	Kalt Ald
4A. BURIAL CREMATION, 24B. DATE 2	C. NAME of CEMETERY OF CR		7/	part. Mule
REMOVAL (Specify)	C. ITAME OF CEMETERY OF CR		1	town, or county) (State)
BURIAL 1-19-66	NISTERS CAM	ETERY NOI	TCHCLIFF, CXXI	VARM, MARYLAND
JAN 2 0 1966 (2.C.	ME OF REGITAL MA	RAYMONDV CUR	81750	ARCENT DR. J. MD. 21204
JAN ZU 1900 US Go	The said of the sa	RAYMALIDY & .III	PON -	THE TOTAL PROPERTY OF
4-9		111111111111111111111111111111111111111	MAICA	I MD. IIIALL
S 150-REV. 1/1/65	HA 6 8 3		100VSON	, MD. 21204



- 64	1	Control of	
	chief medical examiner or his assistant if death occurred in a hospital and	a medical examiner. Also, if the direct or contributing cause of death	Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
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VS 150-REV. 1/1/65

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. 66 4 655 CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) JASON MC VAY AUSTIN Jan. 17, 1966 6: 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township INSTITUTION Baltimore US Public Health Service Hospital D. STREET ADDRESS (If rurol, give location) Wyman Pk. Drive & 31st Street 5705 Bland Avenue Ö 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Und Months Doys Hours If Under 24 Hrs. WIDOWED, DIVORCED (specify)
Widower lost birthdoy) 5/30/86 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Ohio USA Retired Lt. Col USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cyrus Austin Mary Mc Vay 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL 17. INFORMANT final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. USA 109-122 & 127 Yes 215-24-0735 Records- US PHS Hospital, Balto, Md. CAUSE OF DEATH 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH Heart failure Terminal (This does not mean the made of dying, e.g., DUE TO regular hearl failure, asthenia, etc. It means the disease, injury or camplication which caused death.) Chronic bronchitis and Years ANTECEDENT CAUSES DUE TO emphysema are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION Iosi, remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the CERTIFIC 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) obtained (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At (APPROX.) At Work Work 22. I certify that (1) (this hospital) ottended the deceosed from _ 19 66 Jan. 17 that () (we) last sow the deceased alive on... and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did) (did) view the bady ofter death. 23A. SIGNATURE 23B. DATE SIGNED Stoff Attending Med. Phys. X 1/17/66 Phys. Director pproval 23C. PHYSICIAN'S 23D. ADDRESS Thomas D SA Surgeon (R.) US PHS Hospital, Balto, Md. 24C, NAME of CEMETERY of CREMATORY 24A. BURIAL CREMATION. 248. DATE 24D. LOCATION (City, town, or county) REMOVAL (Specify) Burial 1,19,66 Moreland Memorial Baltimore, Md.

25C. FUNERAL DIRECTOR

ADDRESS

Gook Brooks Towson, 1050 York Rd. #4

258. NAME OF REGISTRAR

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shows: (1) An arrelated

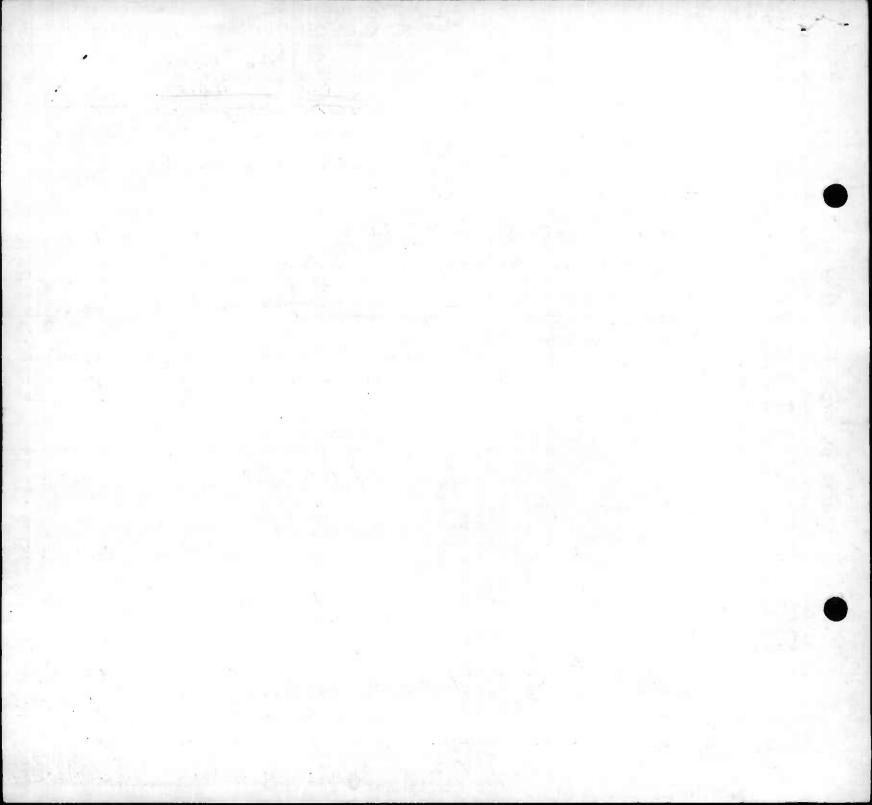
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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the O

	IMORE CITY HEALTH I	DEPARTMENT	/	
BIRTH NO. 66 00666 CE	RTIFICATE OF	DEATH /	Registered No.	60 0 66
M.E. CASE NO. 1, NAME OF DECEASED			HOUR OF DEATH	
(Type or Print) KATIE HARE		1/17/6	6 11-50 As	n.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL	RESIDENCE (Where	deceased lived. If instit	ution: residence before admiss
FILL MANS OF #15 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -		7-115 0. 000	Late of the second	
FULL NAME OF (If not in hospital or institution, give street address or lacotion)	C. CHY	R TOWN (If guts	ide ety limits, write RUR	(AL and give lawnship)
(INSTITUTION NO. Por A Chierel	B	201.	0 0 7	Towson
I larguna graces	D. STREET	ADDRESS (If r	ural, give lacation)	1000,3070
Hospets	10	7 alle	shane ar	P. 52-00
5. SEX 6. RACE 7. MARRIED, NEVER MA			. AGE (In years I	f Under J Yr. , It Under 24.
WIDOWED, DIVORCE Marcel	7 (specify) 9-30	-78	ost birthdoy)	Nanths Days Haus Mi
10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS	OR INDUSTRY 11. BIRTHP	LACE (State or foreig	in country)	2. CITIZEN OF WHAT COUNTRY?
done during most of working life, even it settired)	t-GLAS Md			U.S.A
13. FATHERS NAME		ER'S MAIDEN NAM	NE A- O	
JOHN W. NOWEL	L 4	-YDIA	MORRIS	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or ynknown) (If yes, give war or dales at service) SECUR		MANT		ADDRESS
NO SECON	TY NO.	Laughte	& husband	Lung
18. 4-95-1	CAUSE OF DEATH			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	AP.	100	0	ONSET AND DEATH
LEADING TO DEATH	(A) Sostroute	the Ken	orling	12 800
(This does not meon the made of dying, e.g., heart foilure, asthenia, etc. It means the disease,	DUE TO	0	0 0	
injury or complication which coused death.)	of as	- money	alistray	
ANTECEDENT CAUSES	(B)		· //	
DISEASES OR CONDITIONS, if ony, giving	001 10		•	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Α , Α	7	4	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	energed /	1 tosuso	lendie	4200
	RATION 20 A. AL	JTOPSY? (Yes at Na)		DINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF		no	IN CERTIFYING CAUSE	S OF DEATH?
OR CONTRIBUTING CAUSE OF	INJURY (e.g., in ar about 2 tory, street, office bldg., II	IC. WHERE DID	(It in Baltimare C	ity, give exact lacation)
	roly, sileer, office blag,, it	NJORI OCCUR:		
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY O	CCURRED 2	IF. HOW DID INJU	IRY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY O (APPROX.) While At	Nat While			
Waik L	At Wark	1		
22. I certify that (I) (this hospital) attended the deceas	d from	1-1-17	96610	1/17 19 6
that (I) (we) lost sow the deceased alive on	1//719	6.6 ond the	t in (my) (our) opinio	n death occurred on the
and hour and from the causes stated above. (1) (We) (die	(did not) view the be	ody ofter death.		
23A. SIGNATURE			23	B. DATE SIGNED
I mult bullet	M.D. Attending Phys.	Med. Director	Staff Phy s.	1/47/66
23C. PHYSICIAN'S	23D. ADDRI			
NAME (Type)	M.D.	1/1, 0	1 400	O Klan X
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CE	AETERY OF CREMATORY	(Allegoro	CATION (City,	town, or county) (Star
REMOVAL (Specify)	()	2700	M	
BURIAL 1-20-66 IMMAN	UEL CEMETE		LENCOE, 11	ARYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRA	25C. FL	JNERAL DIRECTOR	1	1050 YORK 1
JAN 20 1966 (P. C. S. L. S.	DUMAN O VOIA	NA DOIL- BI	LOOKS OWSON	TOWSON, MD21
VS 150-REV. 1/1/65	0	4 4	,	



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65 98667 BALTIMORE CIT	Y HEALTH DEPARTMENT
CERTIFICA	ATE OF DEATH Registered No. 60 00667
M.E. CASE NO.	2, DATE AND HOUR OF DEATH
(Type of Print) BAIERLIPP, LESTER FRANCI	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE 8. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township)
INSTITUTION	BALTIMORE ZONE 29 5
ST. AGNES HOSPITAL	D. STREET ADDRESS (If rurol, give location)
	901 MAIDEN CHOICE LANE
MALE WHITE NEVER MARRIED NEVER MARRIED NEVER MARRIED	8-7-06 9. AGE (In yeors lost birthdoy) 9. AGE (In yeors Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTR'	WHAT COUNTRY?
STEEL WORKER ARMCO STEEL	MARYLAND U.S.A.
JOSEPH BAIERLIPP	ELSIE CARMINE
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS AND THE CHARLES
NO 217-05-9997	MILDRED BARLIPP, 901 MAIDEN CHOICE LANE MRS. XXMMEKXENARKEXXX 21229
18. 2 3 4 X CAUSE (OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	n+ Q 11
LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO	M Browles pheumonia
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (8)	Paraplezia, leter Kesp. garaldas
DISEASES OR CONDITIONS, if ony, giving	No. 1. A second to the
underlying Condition lost. (C)	Varence Central medical Guon
Z	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
2 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
1501-7-66 Respiratory Impairm	att Yes
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	in at about 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) White At Work At Work	
22. I certify that (1) (this haspital) attended the deceased from JA	
	8 19 66 and that in(my) (our) opinion death occurred on the date
and haur and from the courses/stated above. (1) (We) (did) (did nat)	view the bady after death.
23A. SIGNATURE	23B. DATE SIGNED
M.D. A	ys. Med. Stoff Phys. X
23C. PHYSICIAN'S	23D. ADDRESS
EWALDO WEISS M.D	OATON O WIENENS AVENUE DALIO ND
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CO	REMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 1/21/66 LOUDON PARK CEN	
25A, DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS ADDRESS #20
VS 150-REV. 1/1/65	HUBBARD FUNERAL HOME, 4107 WILKENS AVE. #29

E.E. Establish and State of Control of Contr 1071/30 2 15 17 18 E Endrand Contract Cont

hospital

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IMPORTANT

DIRECTOR

FUNERAL

cause

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attend

K-127 65 00668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No	36
---------------	----

M.E.	CA	SE N	0.	
1, NA				EAS
(Type	10	Print)		

Ann Kobus

2. DATE AND HOUR OF DEATH 1-16-1966

5:30	A	

PLACE	OF	DEATH	IN	BAL1	IMC	ORE,	MAR	LANE
FULL	L A A	45 OF		/16		h :	4-1	instit

6. RACE

White

Maryland

USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

HOSPITAL OR INSTITUTION

itution, give street oddress or location)

Baltimore Maryland 21224

C CITY OF TOWN

(If gutside city limits, write RURAL and give township)

Baltimore City Hospitals 4940 Eastern Avenue

Baltimore D. STREET ADDRESS

(If rural, give location) 638 South Montford Street

21221

5. SEX Female 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 8. DATE OF BIRTH 8-28-1907

Pennsylvania

17. INFORMANT

9. AGE (In years lost birthdov)

If Under 1 Yr. If Un Manths: Days Haurs If Under 24 Hrs.

done during most of working life, even if retired)

10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)

CAUSE OF DEATH

12. CITIZEN OF WHAT COUNTRY? U.S.A.

Housewife 13. FATHER'S NAME

Andrew Konerth

14. MOTHER'S MAIDEN NAME

Ann Gottschling

15. Was Deceased Ever in U. S. Armed Forces! (Yes, no or unknown) (If yes, give wor or dotes of service)

SECURITY NO.

Records: BCH-4940 Eastern Avenue

ADDRESS

No DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the UNDERLYING CONDITION Inst.

Landi cirloris

INTERVAL BETWEEN

ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19B. CONDITION FOR WHICH OPERATION 20 AUTOPSY? (Yes or No)

208. IF YES, WERE FINDINGS CONSIDERED

ERTIFICATION ū 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

19A. DATE OF OPERATION

21B. PLACE OF INJURY (e.g., in ar obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? etc.)

IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact lacation)

MEDICAL DEATH (notify medical examiner) (Month) (Doy) (Year)

(Hour) 21 E. INJURY OCCURRED Not While While At

21F. HOW DID INJURY OCCUR

OF INJURY (APPROX.)

At Work Work 22. I certify that (1) (this haspital) attended the deceased from ...

that (1) five) fast saw the deceased alive an

M.D.

12 - 28 19 65 to 19 6 6 and that in (my) (our) opinion death accurred on the date

and haur and from the couses stated above. (1) (We) (did) (did not) view the body ofter death. 23A, SIGNATURE

23C. PHYSICIAN'S NAME Type

John R. Burton

WAS PERFORMED

23D. ADDRESS

Attending

Phys.

4940 Eastern Avenue, Baltimore, Maryland

Stoff Phys.

24A, BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION (City, town, ar county) Baltimore. Maryland

Oaklawn Cemetery 25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

Med.

Director

ADDRESS

1-16-66

VS 150-REV. 1/1/65

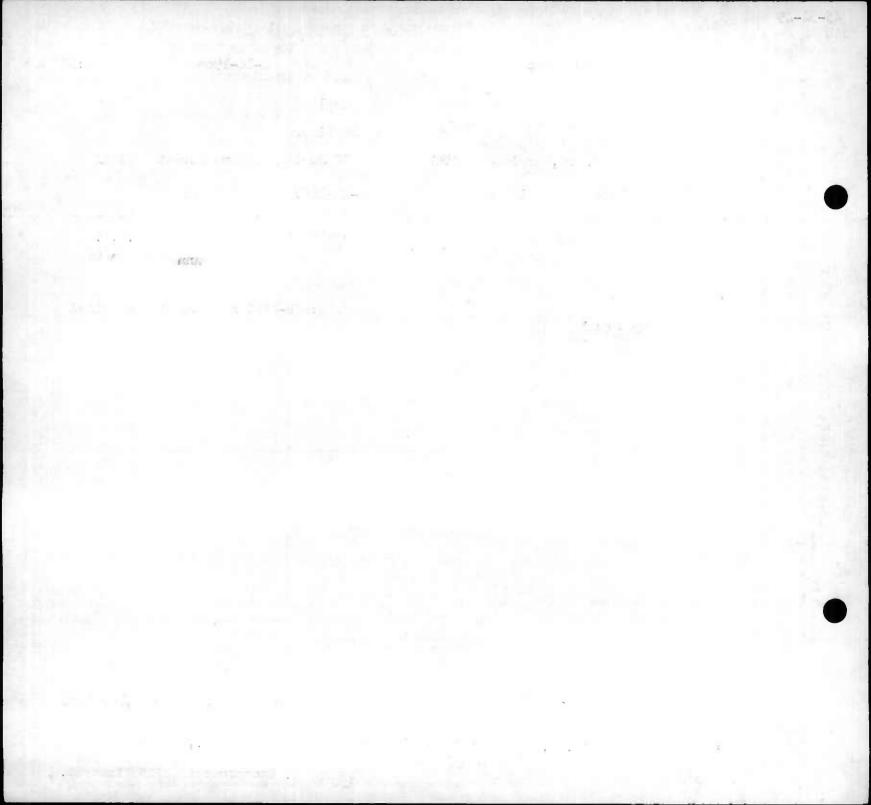
Jan, 19, 1966

Raymond L. Kaczorowski

2525 Fleet St.

23B. DATE SIGNED

(4) Undetermined cause; (5) prior contributing occurred regular mad deceased disposition = deat Was the direct assistant if death OP or final attendance any pronounced Also, med of fracture embal the chief medical examiner regular examiner. who are (3) physician the remains medical burns; physician Body the 0 before by (5) where the hospital °Z nature; obtained 9 approved (except and any 9 of eath) hospital the body was released must accident Ö 0 approval 0 eceased prior certificate to. D.O.A. shows: MOS



Such

to death.

prior

a hospital and

	66 00	1669	BALTIMORE CITY	HEALTH DEPART	MENT		60 0000
BIRTH NO.	00	000	CERTIFICA	TE OF DE	ATH	Registered No	66 00869
M.E. CASE NO.			CERTIFICA				
I, NAME OF DEC	CEASED			12	DATE A	ND HOUR OF DEATH	
(Type or Print)	ELS	IE C. ARI	NOLD		JA	NUARY 17, 19	66
FULL NAME		or institution, giv	re streel	A. STATE MAR	LAND	NTY	stitution: residence before odmiss
HOSPITAL OR INSTITUTION				BALTIMORE	N (If o	utside city limits, write WESTPO	RURAL ond give township)
k Λ	2240 SIDNEY	AVENUE		D. STREET ADDRE	SS (I	f rurol, give location)	
	•		WESTPORT	2240 8		Y AVENUE	21230
5. SEX EMALE	6. RACE WHITE		DIVORCED (specify)	6/29/1887	,	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Min
	CUPATION (Give kind of work Lwarking life, even if relired) EWIFE	108. KIND OF B	USINESS OR INDUSTRY	BALTIMORE		eign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NA	ME			14. MOTHERS MA	AIDEN N	AME	
	XX WILLIA	M WOOD			MARGA	ARET A. MURRA	Y
	d Ever in U. S. Armed For (If yes, give wor or dole		6. SOCIAL SECURITY NO.	MRS. GLADY	S KE	YES, 2240 SII	ONEY AVE. 2123
18.44	2./1		CAUSE O	F DEATH			INTERVAL BETWEEN

	18.42211	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	(A) Arteriorsclerotic	_ C.V.D. 8 years
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise injury ar camplicalian which caused death,)	e.g., DUE TO	
	ANTECEDENT CAUSES	(B) Cerebral thrombo	osis One day
	DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating UNDERLYING CONDITION last.		
ATION	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION I	OR WHICH OPERATION 20 A. AUTOPSY? (Yes or	Not 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., etc.)	(If in Boltimore City, give exact location)
MEDI	OF INJURY (APPROX)	21 E. INJURY OCCURRED 21 F. HOW DID I While AI Not While Work At Work	
	22. I certify that (I) (this hospital) attend	led the deceosed fram September	19 65 to Jan 17, 1966
	that (1) (we) last sow the deceased alive		that in(my) (our) opinion death accurred an the date
	23A. SIGNATURE are she	M.D. Attending Med. Director	Stoff Phys. 1/18/65
	23C. PHYSICIAN'S NAME (Type) PAUL SCHOTN	FELD M.D. 23D. ADDRESS 2301 A	NNAPOLIS ROAD
24/	REMOVAL (Specify) 248. DATE 24	C.NAME of CEMETERY OF CREMATORY 24D	LOCATION (City, town, or county) (Stotel
В	URIAL 1/20/66	LOUDON PARK CEMETERY	BALTIMORE, MARYLAND

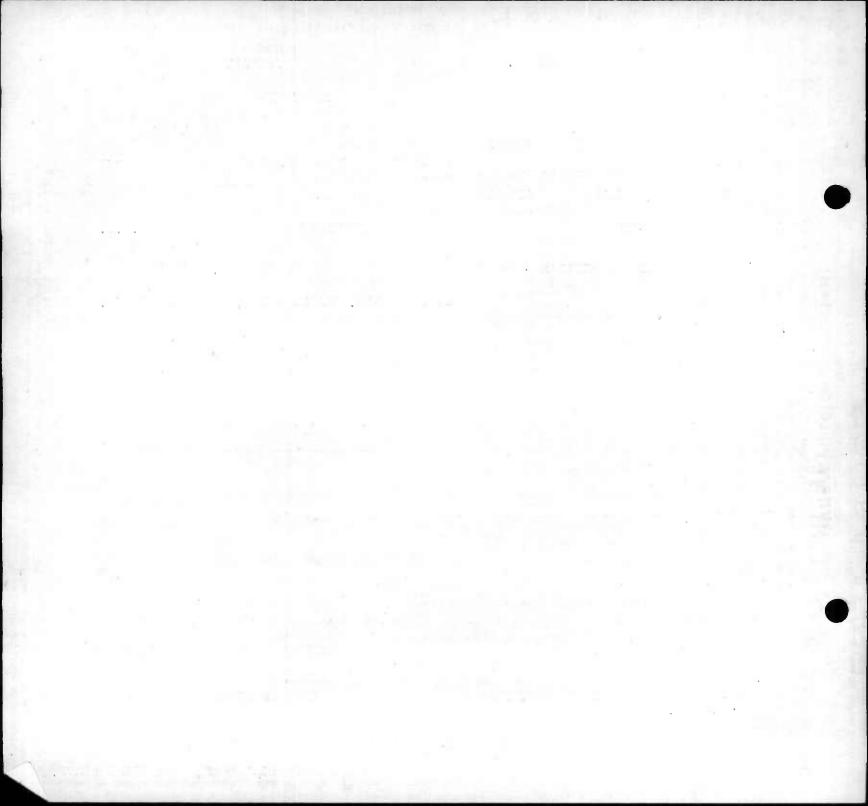
1/20/66 LOUDON PARK CEMETERY
DERT. 258. NAME OF PIGISTRAR 25C.
HUI

BALTIMORE

MARYLAND ADDRESS

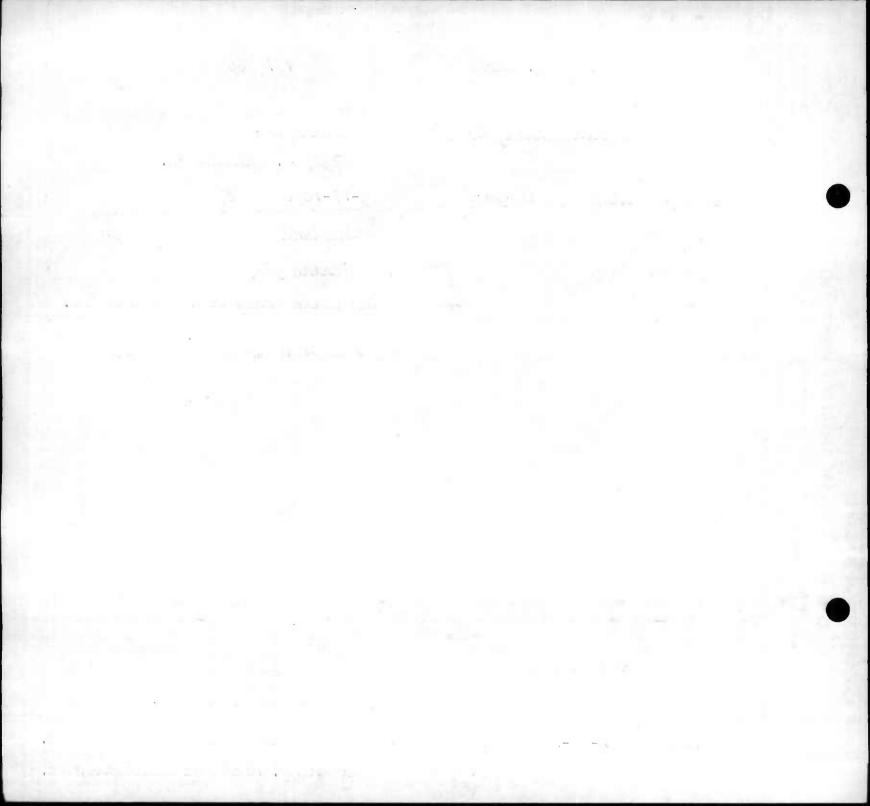
25C. FUNERAL DIRECTOR HUBBARD FUNERAL HOME, 4107 WILKENS AVE.

VS 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

		TY HEALTH DEPARTMENT	
	BIRTH NO. 66 77570 CERTIFICA	ATE OF DEATH Registered No.	00870 /
	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	00010
	(Type or Print) Daisy E. Blake	1/19/66	900 A. M.
	3. PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If inst A. STATE B. COUNTY	itution: residence before admissian)
	FULL NAME OF (If not in hospital or institution, give street	Md	12-016
	HOSPITAL OR oddress or location) INSTITUTION An A A A A A A A A A A A A A A A A A A	C. CITY OR TOWN (If outside city limits, write RU	RAL ond give township)
	Melchor Nursing Home	Baltimore D. STREET ADDRESS (If rurol, give location)	
	O .	2327 N. Charles St.	
made	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	R. DATE OF RIPTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
E	Tomale White widowed (specify)	3-11-1878 lost birthdoy)	Months Doys Hours Min.
1 15	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTE done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?
0	Housewife	Manuland	USA
osi	13. FATHER'S NAMEO	Maryland 14. MOTHERS MAIDEN NAME	0001
disposition	Edward Lippy	Martha Gill	
0	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
final	No None	Mrs Lelia Morey 6641 Wa	elther Ave.
or f		OF DEATH	INTERVAL BETWEEN
	This is a consider the same of		ONSET AND DEATH
embalmed	LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO	objecto the Disease)	20 years
loc	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)		V
E			
	ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving		
are			
remains	UNDERLING CONDITION 1851.		
E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE PERSONNELLE		3 years
the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIT	NDINGS CONSIDERED SES OF DEATH?
ore	I W	in or about 21C. WHERE DID (If in Boltimore	City, give exact location!
pefo	OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR?	orly, give exoct loconom
	D 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ained	OF INJURY While At Not W	hile 🗀	
btai	Work L Al Wo	0	74. 19 1944
0		08 4 19 64 10 Janu	
pe	0 7	and that in (my) (www) apini	ex death accurred on the date
must	and hour and from the causes stated above. (1) (Wie) (did not)		23B, DATE SIGNED
	At a company M.D. A	ttending To Med. Stoff	Day 19.19/1
Val	23C. PHYSICIAM'S	hys. Director Phys. 23D. ADDRESS	9400 111100
prov	STANLEY 2. Felsenberg M.E	1179 F. Rolling & Rot	tomac 12 Mills
api	24A. BURIAL CREMATION, 24B. DATE /24C. NAME of CEMETERY of C	112 2. 000.10 000	town, or county) (State)
	burial 1-22-66 Hampstead (en	meteru Hampstead	Md.
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	125C FUNERAL DIRECTOR	ADDRESS
3	JAN 20 1966 00 000 000	Leonard J. Ruck Inc B	altimore, Md.
	VS 150-REV. 1/1/65	U 0 0 7	



45-58-	-63
NIW	20

Such was in regular attendance on the deceased prior to death.

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	5 66 006	/1	CERTIFICA	TE OF DEA	ATH Registered No.	66 00671
1. NAME OF DECEA (Type or Print)		RMER, B	urley	2.	DATE AND HOUR OF DEATH	8:25 A.
FULL NAME OF	(If not in hospitot	or institution,	give street	MARYLAND	B. COUNTY	institution: residence before admission
institution 3	BALTIMORE 4940 East	CITY H	nue	BALTIMOR D. STREET ADDRES	E (If rurol, give locotion)	RURAL ohd give township)
	Baltimore	, Maryl	and 21224	2406 Loc	h Raven Road -	21218
5. SEX 6.	WHITE	7. MARRIED, WIDOWE	NEVER MARRIED D. DIVORCED (specify) LVORCED	6/20/20	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	rking life, even if retired)	10B, KIND OI	BUSINESS OR INDUSTRY		arolina	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME				14. MOTHER'S MA	IDEN NAME	
Wil	lliam Farmer	•		Rosetta	Campbell	
(Yes, no or unknown) (I	ver in U. S. Armed For If yes, give wor or dote	ces? es of service)	16. SOCIAL SECURITY NO. 218-07-0949	17. INFORMANT	CH /9/0 Fastern	Ave., Balto, Md. 2122
No					on 4940 bastern	
	OR CONDITION DI	RECTLY	CAUSE C	Me Castali	· Carc. to	INTERVAL BETWEEN ONSET AND DEATH
(This does not heart failure, as	mean the made af sthenia, etc. It means icalian which caused	the disease,		FA C	ain - prin	
1A	NTECEDENT CAUSES		(B)		a pvin	avg
rise to the	CONDITIONS, if above cause (A) CONDITION last.		(c)	lung.		
H TO THE DEA	CANT CONDITIONS (ATH BUT NOT RELA	ATED TO TH		-		
19A. DATE OF C	PERATION 198. CON WAS PER	FORMED S	WHICH OPERATION	- ye	×	AUSES OF DEATH?
OR CONTRIBUTI	WAS UNDERLYING OF CAUSE OF medical examiner	hon etc.	PLACE OF INJURY (e.g., one, form, foctory, street, one)	ffice bldg., INJURY O	CCUR?	ore Gity, give exact location)
21D. TIME () OF INJURY (APPROX.)	Month) (Doy) (Yeor)		. INJURY OCCURRED iile At Not Whi ork At Work	le 🖳	DID INJURY OCCUR?	1 1 6 .
	nat (I) (this hospita			1 2- 6	619to	1 19 66 19
that (I) (we) Id	ast saw the decease	d alive an	1 /19/66	19	and that in (my) (aur) ap	pinian death accurred on the da
			I) (We) (did) (did nat)			
23A. SIGNATUR	Karpene	2	M.D. Att	ending Med	Stoff Phys.	23B. DATE SIGNED
23C.PHYSICIAN NAME (Typ		NGSU	MRITH M.D.	23D. ADDRESS 4,94		e, Balto Md. 21224
REMOVAL (Spe Burial		6. 24C.N	AME of CEMETERY of CR Farmer Cemete:	EMATORY Ty		chy, town, or county) (Stote) n, North Carolina.

if the direct or contributing cause of death ny kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any (except where the physician who pronounced Also, FUNERAL DIRECTOR: the body was released to the hospital by a medical examiner. was D.O.A. at a hospital

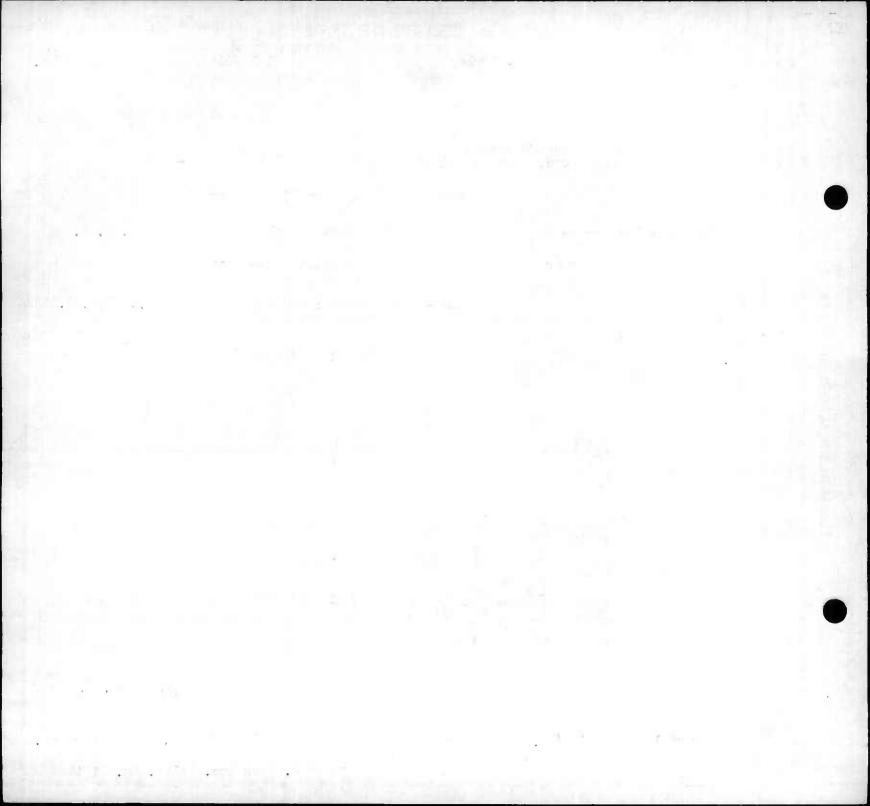
25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT.

ADDRESS

2 1966 VS 150-REV. 1/1/65

Leonard J. Rue

Ruck Inc. Balto. Md. 21214



t or contributing cause Undetermined cause; (5) occurred regular deceased disposition is death = Was the 4 IMPORTANT death LO or final attendance any pronounced med embal regular FUNERAL DIRECTOR: who 4 physician remains the chief medical Was physician the (2) Body the before ere No the hospital any nature; ¥ ¥ obtained 9 approved (except pup hospital death) of An accident

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prior to

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VS 150-REV, 1/1/65

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D.O.A.

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death.

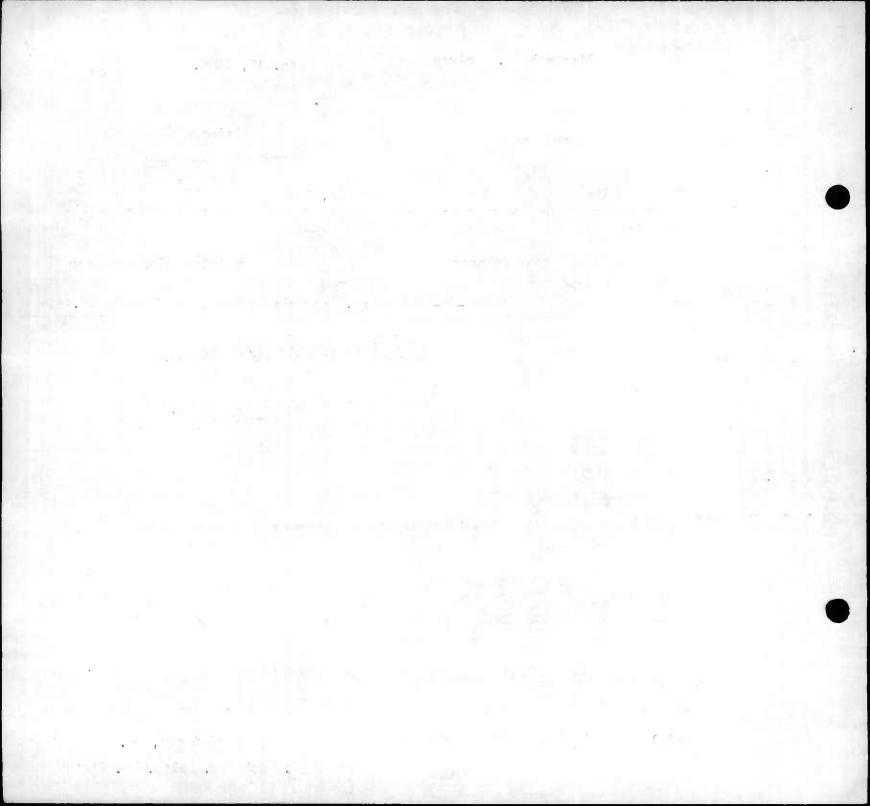
prior

attendance

and

hospital

BALTIMORE CITY HEALTH DEPARTMENT 66 07672 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Elizabeth V. Halvev Jan. 19, 1966. 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND Md. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township Baltimore #18 3734 Old York Road D. STREET ADDRESS (If rural, give location) 3734 Old York Road made. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED DIVORCED (specify) Months: Doys Hours Female White May 12, 1893 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Housewife Own Home Maryland USA 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME Edward George Johnson x Babeax Florence Oden 17. INFORMANT 15. Was Deceesed Ever in U. S. Armed Forces ADDRESS (Yes, no or unknown) (If yes, give wor or dates al service) SECURITY NO No Mrs. Patricia Gerber 5506 Plymouth Rd. #14 215-05-2502 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examined etc. MEDIC (Month) (Doy) (Yeor) 21E INJURY OCCURRED (Hour) 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not White (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram that (1) (wer) last sow the deceased alive on. and that in(my) (a) opinion deoth occurred an the date and hour and from the causes stated above. (1) (1) (did) (did not) view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending 7 M.D. Med. Stoll Phys. Director approval Phys. 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24C. NAME of CEMETERY et CREMATORY REMOVAL (Specify) Burial Loudon Park Cemetery 1/22/66. Baltimore, Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. Md. 21214



	00 00072	BALTIMORE CITY	HEALTH DEPARTMENT		
- 11	ыкти но. 66 00673	CERTIFICA	TE OF DEATH	Registered No	00673
	M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	-
- 11		Welsh	Jane		5 4 55 pm.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	TY .	ion: residence before odmission)
	FULL NAME OF (If not in hospital or institution and institution oddress or location)	on, give street	Mary land	Buttiver	L ond-give township)
1	INSTITUTION		136 1+1mo		27-09
	Maryland Gene	eval	1	urol, give location) rthgate K	?oad
- 11	yipov	ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	ost birthdoy)	Under 1 Yr. If Under 24 Hrs. onths; Doys Hours Min.
. 11	10A, USUAL OCCUPATION (Give kind of work 10B, KIND	ver warried	3/22/19	300 46	
. 11	done during most of working life, even if refired Ches	apeake Supply Co	11. BIRTHPLACE (Stote or foreign	2, md.	CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	4 1	14. MOTHER'S MAIDEN NAM		0(3/1
	William We	lsh	Mary 5	weeney	
	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)	e) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
-	Yes War War II		Mr. Edwin W. We	lsh 6313 Leit	n Walk #12
	1B. 420.11	CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
Н	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Co	sronary Thr	om bosis	14 days
	(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disea	1917	00 del verire 8 800 verires a se a		
	injury or complication which caused death.)	201			
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		OR WHICH OPERATION	Yes or No	20 B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
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	23C. PHYSICIAN'S	Phy	Director Director	Phys.	111100
	NAME (Type) Robert E. Ston	er M.D.		General Ho	apital
	24A. BURIAL CREMATION, 24B. DATE 24C REMOVAL (Specify)	NAME of CEMETERY OF CRE	MATORY 24D. LC	CATION / (City, to	wn, or county) (Stote)
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	JAN 20 1966 @ 0 4 203	all man is a	Leonard J. Ru	ck inc. Dalt	o. Md. 21214
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BALTIMORE CITY HEALTH DEPARTMENT 66 00674 Registered Na BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; rendence A. STATE

B. COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or (ocotion) (If outside city limits, write RURAL and give township) mad MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Hours Min. Hours ost birthdoy) Derarri Of disposition is ADA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working lite, even if retired) Port City Press 13. FATHER'S NAME mes 15 Was Deceased Ever in U. S. Armed Forces? (Yesping or unknown) (Iff yes, give wor or dotes of service) 6. SOCIAL ADDRESS final SECURITY NO. 248-05-4205 (Same) Mr. Exum L. Lindsay CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) regul ANTECEDENT CAUSES DUE TO Gre DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. remains CALCERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in o obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? before 21 A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Baltimore City, give exact tocation) DEATH (notify medical exominer) etc.) MEDIC obtained 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work and that in (350) (aur) apinian death accurred an the date that (K) (we) last saw the deceased alive an.... and haur and fram the causes stated abave (We) (Ma) (did not) view the bady ofter death. must 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. acc Director pproval 23D. ADDRESS/ Livoze 23C. PHYSICIAM'S NAME (Type) KANG FAN

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 1/22 24C NAME of CEMETERY OF CREMATORY 24D. LOCATION 1/22/66. Moreland Memorial Cemetery Baltimore Md. 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS epnard J. Ruck Inc. Balto. Md. 21214 VS 150-REV. 1/1/65

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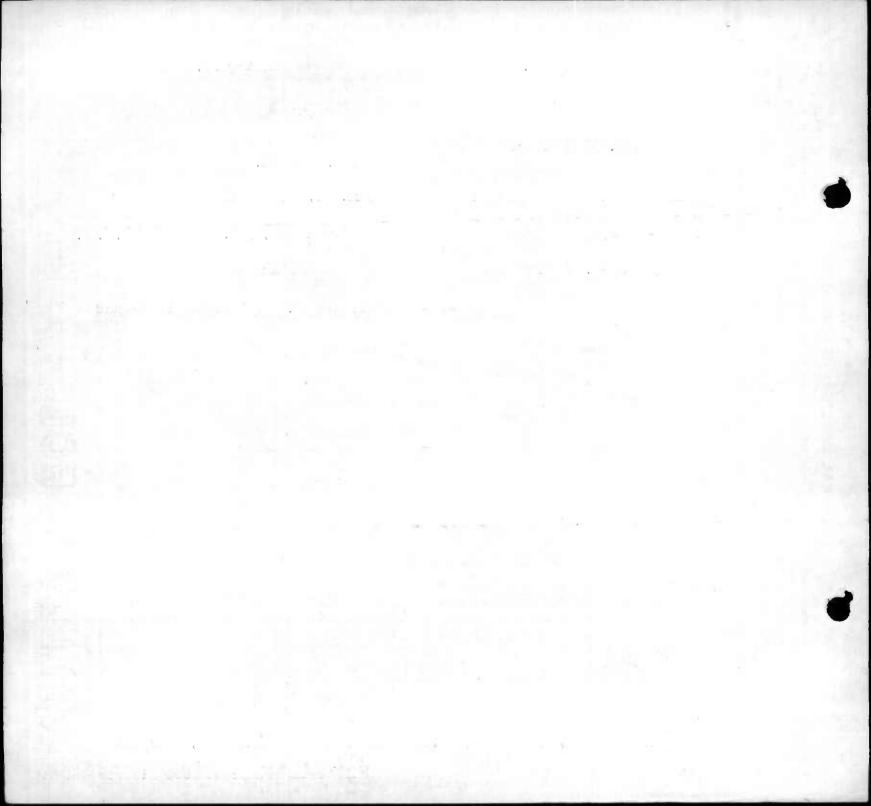
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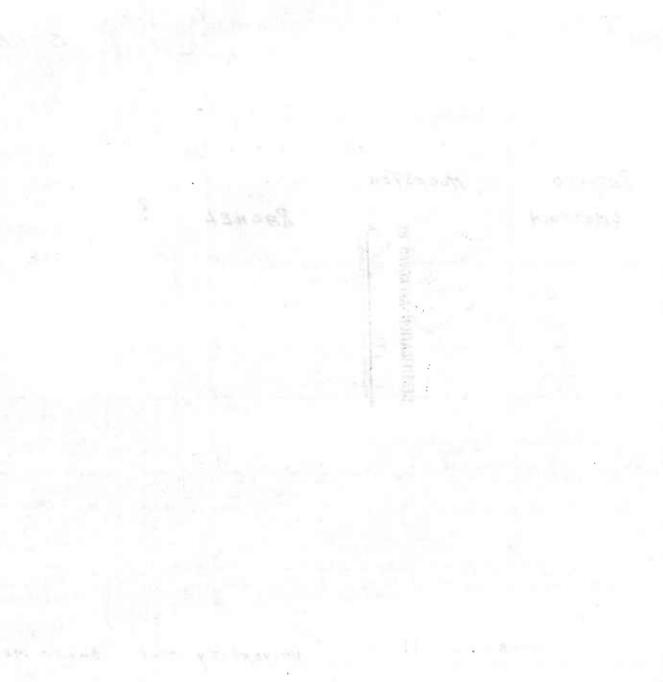
BALTIMORE CITY HEALTH DEPARTMENT Registered No.66 00675 66 00675 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) Evelyn B. Zapf
3. PLACE OF DEATH IN BALTIMORE, MARYLAND January 18, 1966 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Marvland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or tocotion) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore D. STREET ADDRESS (If rurol, give location) 4 E. 32nd Street 4 E. 32nd St. 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. 6. RACE tf Under 1 Yr. 5. SEX Months Doys Hours WIDOWED, DIVORCED (specify) lost birthdoy White Divorced Dct. 16, 1894 Female 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Retired - Nurse Frostburg, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sara Mitchell Benjamin W. Deffinbaugh ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. No 212-32-0937 Richard W. Zapf 13 Maple Avenue INTERVAL BETWEEN ONSET AND DEATH OR CONDITION DIRECTLY sterios deratio Co LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, osthenia, etc. Il means the diseose, injury at camplication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving la the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED (If in Boltimore City, give exact location) 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDI 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hout) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX) Work At Work 22. I certify that (I) (this hospital) attended the deceased from and that in (my) (aur) apintan death occurred on the dote that (1) (we) last saw the deceased alive on. and hour and from the causes stated above. (1) (We) (-littl-) (did nat) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Atlending Phys. Stoff Med. M.D. Director Phys. approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify)

1/21/66 Druid Ridge Cemetery Baltimore, Maryland ADDRESS Ellsworth Armacost 4600 Liberty Heights 25A. DATE REC'D BY HEALTH DEPT. 254 NAME ON REGISTRAR VS 150-REV. 1/1/65



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

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BIF	ятн NO. 66 00676	CERTIFICA	TE OF DEA	TH Registered No.	00676
	E. CASE NO.	CERTITICA			
(Ts	NAME OF DECEASED		2. D	ATE AND HOUR OF DEATH	
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٥.	PLACE OF DEMIN IN BALLIMORE, MARILAND	,	A. STATE B.	COUNTY	titution: residence before odmission)
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	HOSPITAL OR oddress or location) INSTITUTION		C. CITY OF TOWN	(If outside city limits, write RL	JRAL and give township)
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			D. STREET ADDRESS	(If rurol, give location)	عد ا
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	220 THYSICIAN'S NAME (Type)		23D. ADDRESS		
	James H. Jewell	M.D.	UNIVERSIT	V HOSP BE	LTO MD
24	A. BURIAL CREMATION, 248. DATE 24C. NAME of	CEMETERY OF CRI		24D. LOCATION (City,	, town, or county) (Stote)
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	0.					
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.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Richard	Alban		1/18/	66 4:00 a. M
3. PLACE IN B	ALTIMORE, MARYLAND, V	WHERE PRONOUNCED DEAD	4. USU	AL RESIDENCE (Where	deceosed lived. If insti	tution: residence before odmissio
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	t of working life, even if retired)	rk 10 B. KIND OF BUSINESS O	R INDUSTRY II. BIRTH	IPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
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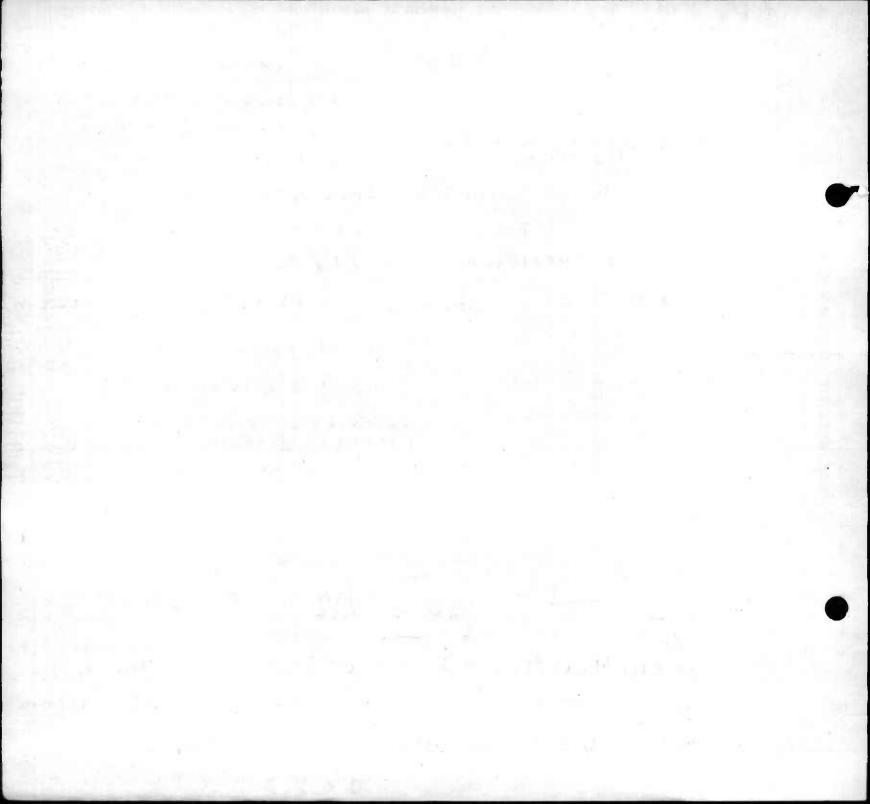
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	(Typa or Print)			IMHO		DAN	UARY	17 19	766 90°P.M.
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	HOSPITAL OR	address or location			C. CITY OR TOW	N (If autside	e city limits, write	RURAL and giv	ra tawnship)
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>	23C/PHYSICIAN	s			23D. ADDRESS		7 *	1	111,460
approval	HAME (Type	D. KOETT	CR	M.0	5600	HARE	ORD R	CAD	BALTON
db	24A. BURIAL CREMA	ATION, 248. DATE		ME of CEMETERY of C	9 -	24D, LOCA		ity, town, or co	runty) (Stote)
	REMOVAL (Spo	- 1 11	/						
ritten	Burial 25A, DATE REC'D BY		5 Me	adowridge REGISTRAR	25C-EUNERAK	DIRECTOR	h Blvd,	Md	ADDRESS (1. 50
3	TANTO	DEC A D 2-	O Just	La july	Klint	1/8	X	1.20	15DO UP

166 258.

VS 150-REV. 1/1/65

Wash ADDRES DIREG



	61,3	00679
BIRTH NO.	60	CHOLO
M.E. CASE NO.		

HOSPITAL OR

None

INSTITUTION

Such

death.

10

disposition is Was

final

LO death

ance

regular

where

9

approval

to the hospital

nature;

shows: (1) eceased was D.O.

attendonce

(4) Undetermined cause; (5) Deceased

or contributing cause

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered	Na.	66	00	679
------------	-----	----	----	-----

M.E. CASE NO.			
1. NAME OF DECEASED (Type or Print)	ARTHUR	ENLOE	
3. PLACE OF DEATH IN	BALTIMORE, MA	ARYLAND	
FULL NAME OF	(If not in hospital	ar institution,	give street

address or location)

2.	DATE	AND	HOUR	OF	DEATH	
	Tor		מי ו	10	46	

		Jan. 17, 1966	3: 20 P
		E (Where deceased lived, If institution COUNTY	n: residence before odmissio
	C. CITY OR TOWN Baltimo	(If autside city limits, write RURAL	ond give township)
		Baltimore Street	
7	B. DATE OF BIRTH	9. AGE (In years If U	nder 1 Yr. If Under 24 H

IS Publi	c Health Service Hospital		Bartimore			
		-	D. STREET ADDRESS	- 0		
Wyman	Pk. Drive	& 31st Street	1127 E.	Baltimore Street		
S. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Divorced	9/25/10	9. AGE (In years last birthday) 55	Mo	
	COURA TION (Cine Lie	A of week 100 MINIO OF BUILDINGE OR MIDUETRO	11 DIRTUDI A CE COLL	and facilities and the h	3.0	

552-22-6708

	M	W	Divorced (specify)	9/25/10	55	Months Doys Hours	M
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTION done during most of working life, even if retired) Messman Seafarer		Y 11. BIRTHPLACE (State or foreign country) MO.		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME		П	

Charles Ed. Enloe		Nan	Blar	iton
5. Was Deceased Ever in U. S. Armed Forces? (es, na ar unknawn) (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMAN	™R.	DAV

MR. DAVID MUSE, 135 FROMPENAC FORREST Records- US PHS Hospital, Balto, Md. MO.

	18. 163 X I	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Pulmonary edema	Hours
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which coused death.)	Bronchopneumonia	Days
	ANTECEDENT CAUSES	(B)	
	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last.	(c) Carcinoma of the lung	Months
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Cancer, metastatic to cauda equina, & adrenal gland	Months

198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?

CERTIFIC 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, farm, foctory, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exact location) DEATH (natify medical examiner)

21 D. TIME (Month) (Day) (Year) (Haurl 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Nat While While At (APPROX.) Wark At Work

19 66 19 65 22. I certify that (I) (this hospital) attended the deceased from

that (V) (we) last saw the deceased alive on.	Jan. 17	1900	and that in (my)	(our) opinion dea	th occurred or	n the do
and hour and from the causes stated above.	it (the) (did)/(did /hot) fi	ew the body after o	death.			

23A. SIGNATURE	16.				23B. DATE SIGNE
Tome	16h	M.D. Attending Phys.	Med. Director	Stoff X Phy s.	1/19/66
23 C. PHYSICIAN'S		23D. ADDRES	S		

NAME (Type)

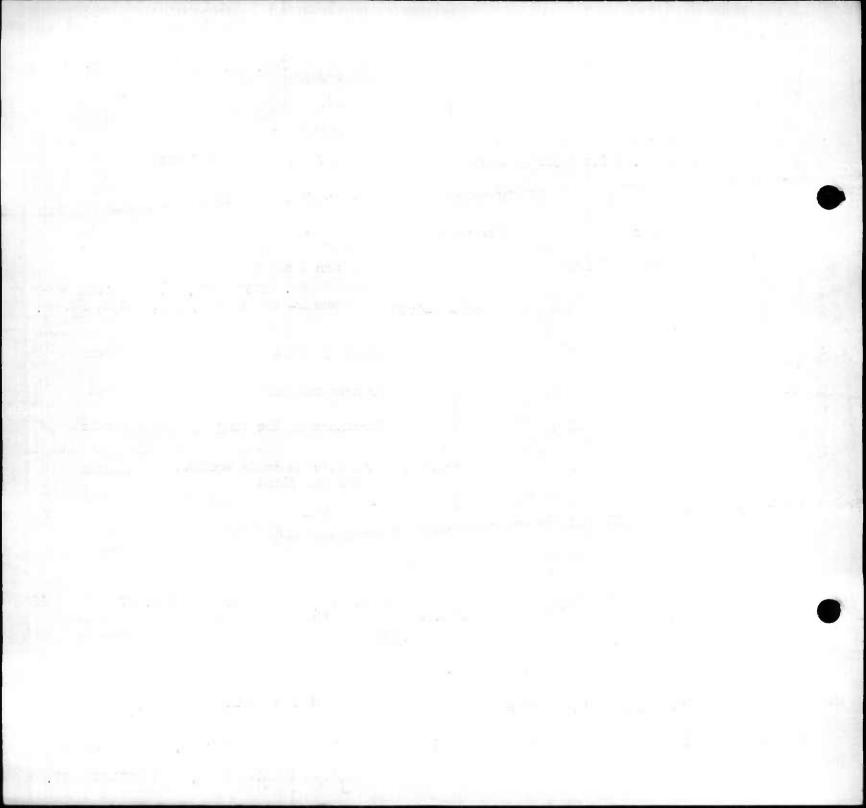
	Thomas J. Lau, Surg	eon (R)	M.D.	0 1120	mospi our,	Dar oo,	IVICE
24/	PUBLAL CREMATION 248 DATE	24C NAME -1 C	EAAETERY CREALATOR	,	DAD LOCATION	M 16	Title Am

REMOVAL (Specify)

BURTAL 1/21/66 LOUDON PARK CEMETERY BALTIMORE MARYLAND 25C. FUNERAL DIRECTOR ADDRESS

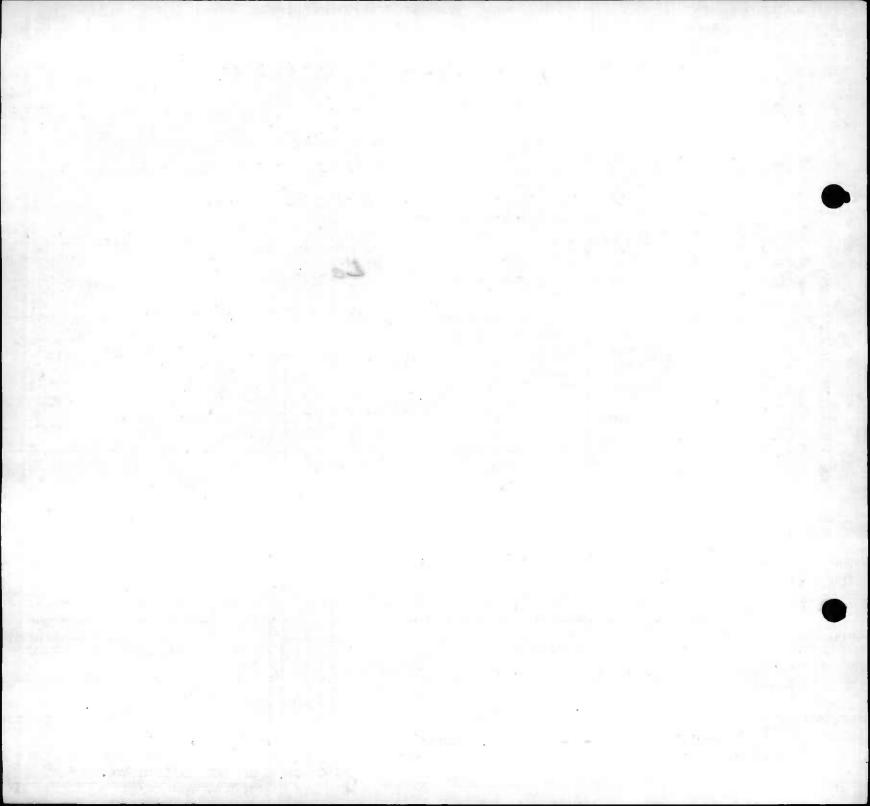
HUBBARD FUNERAL HOME, 4107 WILKENS AVE. #29 VS 150-REV. 1/1/65

RGB



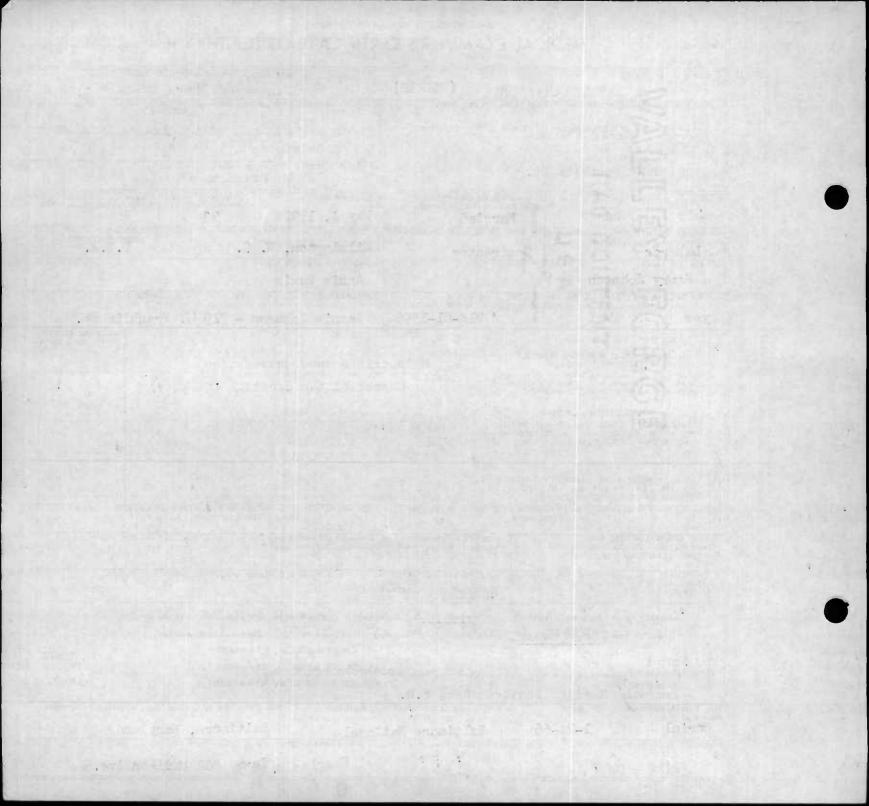
MRTH NO. V.E. CASE NO.	66 0068		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				
NAME OF DECEASED Type or Print) BUT B. PLACE OF DEATH IN BA	LER LA	WRENCE	4. USUAL I	2. DATE AN	7-6		

MRTH NO. W.E. CASE NO.	CERTIFICA	ATE OF DEATH	Registered No.	6 10680			
NAME OF DECEASED		2. DATE AND	HOUR OF DEATH				
Type or Print) BUTIER	BUDGENCE	1-19	-66	15+25 P.			
BUTLER	ID ID	4. USUAL RESIDENCE (Where A. STATE B. COUNT	e deceosed lived. If i	institution: residence before admission			
FULL NAME OF (If not in hospital or ins HOSPITAL OR oddress or location) INSTITUTION	tilution, give street	C. CITY OR TOWN (If outs	ide city limits, write	RURAL ond give township)			
1 10	C	D. STREET ADDRESS (If it	ord, give location)				
MONTEBELLO	STATE / +SPIN	11/13 Arc	Juhe A	ve.			
5. SEX 6. RACE 7. M	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify)		AGE (In years ost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.			
OA, USUAL OCCUPATION (Give kind of work 10B, 1 lone during most of working lite, even if retired)	CIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?			
3. FATHERS NAME	NONE	MARYLA A	/d	U.S.A.			
SAMUEL BUT	100	LeLin Bi					
5. Was Deceased Ever in U. S. Armed Forces? res, no arunknown) (If yes, give war or dates of s	1 6. SOCIAL SECURITY NO.	17. INFORMANT	7	ADDRESS			
No		HOSPITAL	Reco	rds.			
18. 4 4 5 I	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
LEADING TO DEATH	Δ.	WITE DULMANT	1810 F. J.	1 1/2 8000			
(This does not mean the mode of dying heart failure, astherio, etc. It means the	g, e.g., DUE TO	UTE PULMONI	77200	M/ 22/22/050,			
injury or complication which coused death		· · · · · · · · · · · · · · · · · · ·	Auren	a lilitaria mil			
ANTECEDENT CAUSES	(B) FILE	scientic Her	d ny / c K / c	- UNKNOWN.			
DISEASES OR CONDITIONS, if ony,	giving	SCIERGIIC MEI	iki pised	3 2			
rise to the obove couse (A) state UNDERLYING CONDITION lost,	ng lhe (C)						
OTHER SIGNIFICANT CONDITIONS CONTE TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.							
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 174. DATE OF OPERATION 178. CONDITION WAS PERFORM		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?			
U 21A. ACCIDENT WAS UNDERLYING	home, form, foctory, street,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)			
DEATH (natify medical examiner)	etc.)						
21D. TIME (Month) (Doy) (Year) (Ho		21 F. HOW DID INJU	RY OCCUR?				
(APPROX)	Work Not Wo						
22. I certify that (I) (this haspital) atta	ended the deceosed from	JANJARY 10 1	966 to JA	NUARY 19 1966			
22. I certify that (I) (this haspital) attended the deceased from JANJARY 19 1966 to JANJARY 19 1966, that (I) (we) lost sow the deceased alive an JANJARY 19 1966 and that in (my) (we) opinion death occurred on the date							
ond hour and from the couses stated of	(l) (We) (bib) (by (l) .evoc	view the bady after death.					
23A. SIGNATURE	110	ttending Med. Med.	Stoff -	23B, DATE SIGNED			
Momos P. to	mully_ M.D. A	nys. Director	Phy s.	1-19-66			
23C.PHYSICIAN'S NAME (Type)	1	23 D. ADDRESS					
THOMAS P. CONNE	CLLY W.C	MONTEBE	ELLO STATE	HOSPITAL.			
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C	REMATORY 24D. LO	CATION (C	City, town, or county) (State)			
Burial 1-24-66	Mt. Auburn	Ba	ltimore, M	aryland			
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	•	ADDRESS			
10.10 4 4 4 4 4	2.0						
. IAN YI TOEF MIN A C	a III was	Charles R. Is	w 802 Mad	ison Ave.			
JAN 21 1966 (2.0. 4-8	3 gar Chillian U	Charles R. La	.w 802 Mad	ison Ave.			



BALTIMORE	CITY	HEALTH	DEPAR	TMENT
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		66 00681		BALTIMORE CITY HEAL	TH DEPARTMENT	r	66	00331
BIRT	TH NO.	MEDI	CAL EX	AMINER'S CI	ERTIFICAT	E OF DEATH	Registered No.	
M.	E. CASE NO.							
1. I	NAME OF DE	CEASED		/		2. DATE AND HOUR PRO	NOUNCED DEAL	D
.,,	pe 01 11110	WALTER J	OHNSON	(WALKER)	Entrana II	January 19,	1966	2:30 Am.
3. 1	LACE IN BALT	TIMORE MARYLAND, WI	HERE PRONOL	INCED DEAD	4. USUAL RESIDE	NCE (Where deceased live		
FILL	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	ITION CIVE STREET	Ma	ryland		
HO	SPITAL OR	ADDRESS OR LOCA	TION)	, HOIL, OIVE SIKEE!		N (If outside corporate lin	mils, write RURAL	ond give township)
						ltimore	11 /	-03
6	749	W. Franklin	St.			9 W. Franklin		
5. 5	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If Und	der 1 Yr. If Under 24 Hrs
-	male	negro	0.0	DIVORCED(specify)	May 4, 1			S Doys Hours Min.
10A	USUAL OCC	UPATION (Give kind of work		BUSINESS OR INDUSTRY			12. CIT	IZEN OF
		working life, even if retired)	Contra			on, N. C.	WH	U. S. A.
13.	FATHER'S NAM		OOHGI	2001	14. MOTHER'S MA			
	Henry	Johnson		ENSTEAMING	Annie D	avis		
		D EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT		ADDRE	SS
	yes	(If yes, give wor or dote	s of service/	218-01-1598	Fannie	Johnson - 749	W. Frank	lin St.
	1B. 17	7 X 1		CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION DI	RECTLY	36.4				OHIEL AND BEATH
	LEADING TO DEATH Malnutrition and dehydration							
	(This does not meon the mode of dying e.g., head follows, osthenio, etc. It means the disease, injury or complication which coused death.) Cancer of the prostate (history)							
	The state of the s							
	ANTECENDENT CAUSES (B)							
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE							
z	UNDEKLYII	NG CONDITION LAST.		(C)	•••••••			
은		11						
3		NIFICANT CONDITIONS						
E		R CONDITION CAUSING		nt				
CERTIFICATION	19A. DATE OF	OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS NG CAUSES OF E	
¥		L CAUSE WAS	21 B,	PLACE OF INJURY (e.g.,	in or obout 21C. WI	HERE DID (If in Boltimor	e City, give exoct	location)
	UTING CAU	OR CONTRIB-	home etc.)	, form, foctory, street, o	the bidg, INJURY	O CCUR?		
Σ	21D TIME OF INJURY	(Month) (Doy) (Year		TE. INJURY OCCURRED		W DID INJURY OCCUR?		
	(APPROX.) m. WHILE AT NOT WHILE AT WORK							
	22. I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion							
	resulted from: Notural couses X Accident							
	CHIEF MEDICAL EXAMINER DATE SIGNED							DATE SIGNED
	SIGNATURE A ASSISTANT MEDICAL EXAMINER X							
	EXAMIN	- Dunding	Dwastar	and M. T.	ASSOCIATE ME	DICAL EXAMINER		1-19-66
22 A	NAME (ecker, M.D.	CREALAND	220 10 04 21011	(City to the city of the city	(Santa)
REA	MOVAL (Specif	y)		C. NAME OF CEMETERY O		23D. LOCATION	(City, town, or	
	Burial	1-24-6		Baltimore Nat			e, Marylan	
244	. DATE REC'D	BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. FUNERA	L DIRECTOR	- 31-78-2	ADDRESS
	JAN 2	1 1966 A.P.	403	T. P. MA	Charle	es R. Law 80	2 Madison	Ave.



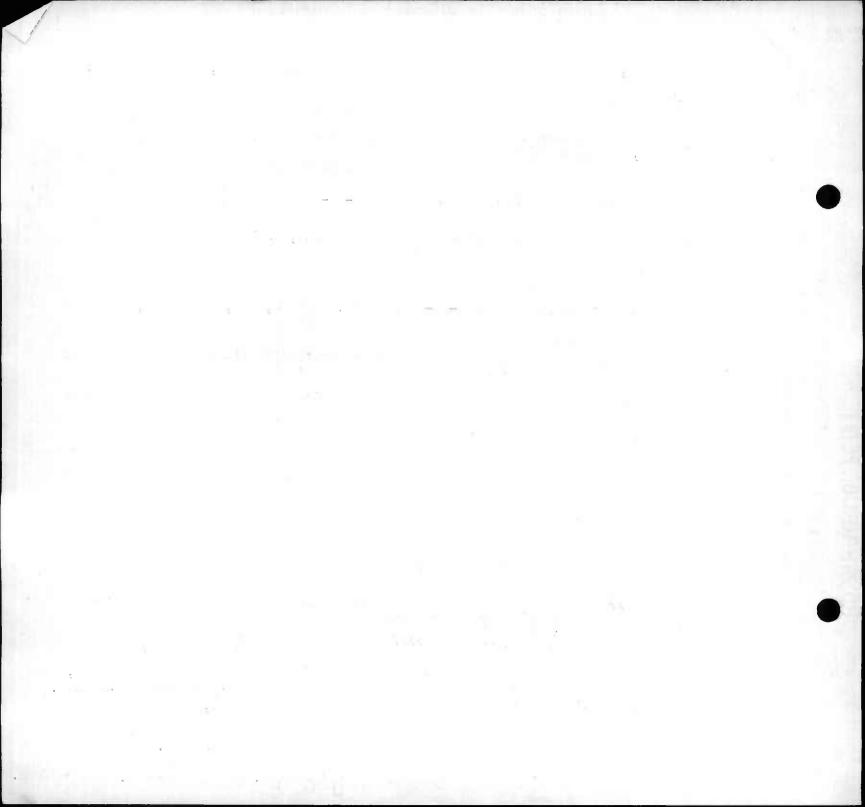
66 00682 BALTIMORE CITY HEALTH DEPARTMENT Registered No. 66 00682 BIRTH NO. CERTIFICATE OF DEATH r if death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO COOK, HARRY EDWARD JANUARY 20, 1966 6:50 death. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) attendance VETERANS ADMINISTRATION HOSPITAL
FULL NAME OF
HOSPITAL OR
Oddress or locotion) MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION 0 BALTIMORE 3900 Loch Raven Boulevard prior D. STREET ADDRESS (If rurol, give location) Baltimore, Maryland 1800 ASHLAND AVENUE made. regular 5. SEX 6. RACE MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His. deceased WIDOWED, DIVORCED (specify) tost birthdov Months Doys Hours NEVER MARRIED 9-24-14 51 MALE NEGRO 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? sposition done during most of working life, even if retired) USA COAL BAGGER COAL COMPANY BALTIMORE, MARYLAND Was the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME EVELYN BANKS HARRY COOK uo death v 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 1 6. SOCIAL ADDRESS final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance CLIN. RECORDS, VAH, BALTIMORE, MARYLAND 215-01-7147 YES WORLD WAR II any CAUSE OF DEATH pronounced INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH Chronic Bronchitis and Emphysema 10 years (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, ar injuly at camplication which caused death.) regula Cor pulmonale 4 years ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the physician remains UNDERLYING CONDITION last. Was ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. physician the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208, 1F YES, WERE FINDINGS CONSIDERED the WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? ū 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF °Z DEATH (notify medical examiner) any nature; MEDIC/ obtained (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 (except While At Not While (APPROX.) and Work At Work 22. I certify that (1) (this hospital) ottended the deceased from January 19th 19 66_{to} January 20th January 20th 19 66 and that in (my) (our) opinion death occurred on the date that (1) (we) fost saw the deceased alive on) of hospital 3 shows: (1) An arrelated and haur and from the couses stated above. (We) (did) (did got) view the body ofter deoth. deat must 23A. SIGNATURE 238, DATE SIGNED Attending [Stoff Phys. M.D. January 20, 1966 0 approval 8 23C. PHYSICIAN'S 23D. ADDRESS VA HOSPITAL 3900 Loch Raven Blvd. prior at NAME (Type) Baltimore, Maryland WILLIAM B JOY M.D. D.O.A. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) deceased 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) written Burial 1/24/66
25A. DATE REC'D BY HEALTH DEPT. | 25E 66 Balto National Cemetery
[258. NAME OF REGISTRAR [256. FUNERAL DIRECTO Balto., Md. Was

VS 150-REV, 1/1/65

William C. March 928 E. North

ADDRESS

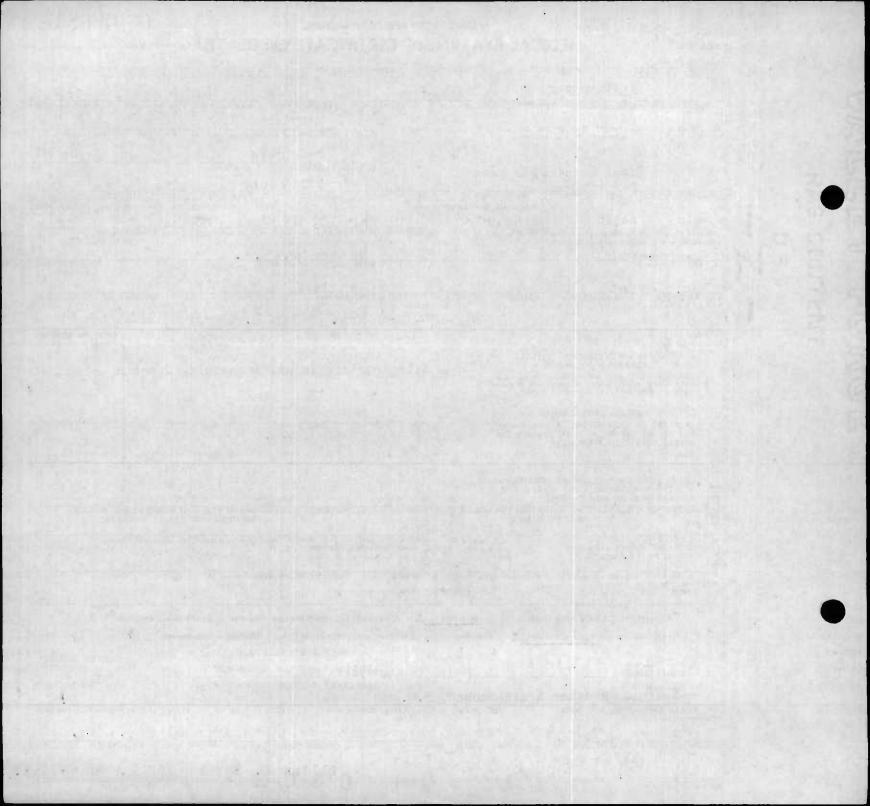
25C. FUNERAL DIRECTOR



March 928 E. North Ave.

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD ALEXANDER (KERNS January 18, 1966 2:50 R 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If autside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) Sinai Hospital 2326 Druid Park Drive 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) last birthday Months | Doys | Hours | male negro Married Nar 13, 1907 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Gastonia N.C. 13. FATHER'S NAME John Kernes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Bessie ADDRESS 16. SOCIAL (Yes, no or unknown), (Il yes, give war or dates of service) SECURITY NO. 217-07-6880 Mrs. Helen L. Kernes 2326 Druid Pk Dr 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. O CERTIFICAT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? no EDICAL 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21 F. HOW DID INJURY OCCUR? 121 E. INJURY OCCURRED (Year) OF INJURY NOT WHILE (APPROX.) WHILE AT 22. I certify that I held on Inquiry Inspection X Autopsy and that an this basis, death in my opinian Suicide resulted fram: Natural causes X Homicide Accident Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL MED, ASSISTANT MEDICAL EXAMINER X SIGNATURE 1-19-66 ASSOCIATE MEDICAL EXAMINER NAME (Type) Rudiger Breitenecker, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D, LOCATION (State) (City, town, or county) REMOVAL (Specify) /22 Burial Mt Cal vary Cemetery Anne Arundel Cty., Md. 24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS

VS 151-REV, 1/1/65



	BALTIMORE CITY	HEALTH	DEPARTMENT
-			

	. 00	11068
Registered	No.	1111111

BIRTH NO.	66 (11)	684	CERTIFICA	TE OF DEATH	Registered Na.	35 00684
1. NAME OF DE	CEASED Pa	trick 0	'Halloran		AND HOUR OF DEATH	
FULL NAME HOSPITAL OR INSTITUTION		or institution, n)		4. USUAL RESIDENCE (WA. STATE A. STATE Md. C. CITY OR TOWN (IF Baltimore,	outside city limits, write R	stitution; residence before admission) URAL and give township)
5. SEX	6. RACE		D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 His.
Male	wh		ED, DIVORCED (specify)	Nov. 1, 1880	tost birthdoy)	Months Doys Hours Min.
	of working life, even if retired)	10B KIND	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for	preign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA				14. MOTHER'S MAIDEN N	AME	
	James O'H	alloran		Mary Barrett		
15. Was Decease (Yes, no or unknow	od Ever in U. S. Armed For vn) (If yes, give wor or dote no	ces? es of service)	16. SOCIAL SECURITY NO. 107 07 9716	17. INFORMANT Records		ADDRESS
(This does heart failure injury or co	ASE OR CONDITION DIL LEADING TO DEATH not mean the mode of to, osthenio, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) NG CONDITION last. II NIFICANT CONDITIONS CONDITIONS CONDITION CAUSING OF OPERATION 198. CON WAS PER	dying, e.g. the diseas death.) any, givin stoting the CONTRIBUTIATED TO TOTAL	g (C)	goeorbil dag	No. 20B. IF YES, WERE F	INTERVAL BETWEEN ONSET AND DEATH The state of the state
OR CONTRIL	ENT WAS UNDERLYING DUTING CAUSE OF	he	IR PLACE OF INJURY (e.g., i ome, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?		City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeot)	V	Vhile At Not While At Work		NJURY OCCUR?	
that (I) (we	e) last saw the decease and fram the causes sta TURE	ed alive an	(I) (We) (did) (dld nat) v	19 and view the bady after deat		23B. DATE SIGNED
IMAME	STAK	/ENB	W Sty M.D.	(120 E	Dollar	
24A. BURIAL CR	(Specify)	24C.		EMATORY 24D		ty, town, or county) (State)
Burial 25A DATE REC'	1-21-66		oudon Park Cemet	25C, FUNERAL DIRECT	Balto. Md.	ADDRESS
JAN 2	1 1966	S. C.	OT REGISTRAR	Thomas J Ker	ny, Inc 1600 1	Hollins St

V\$ 150-REV. 1/1/65

A. W. C. J. Ballon

company of the second second

2)26 Next and Inc.

State of the last

- 25 USA 1 100 STATE - 25

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200 P.T. Of 1720 Secondary

Character of the proof of the state of

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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, it the direct of contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No	66 111685
1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Type or Print) Augustus	Daniels		114/66	titutian: lesidence before admissian)
3. PLACE OF DEATH IN CALTIMORE, MARYLAND		A. STATE B. COUNA	deceosed (ved. If ins	titutian: residence before odmissian)
FULL NAME OF (If not in hospital or institu	otion, give street	C. CITY OR TOWN (If outs	id)	URAL ond give township)
INSTITUTION			n O V	UKAL and give township)
Union Memorial +	4		rol, give locotion)	
mion Nemovial +	105 p	2230 R	1. Calve	rd St.
WID	RRIED, NEVER MARRIED		AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN	OP 273/ed	11 RIPTHPLACE (State or foreign	n country)	12. CITIZEN OF
done during most of working life, even if retired)	TO OF BOSHIESS OR HIDOSIKI	Ti, bikiliteA CE (3101e of foreig	ii cooniiy	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
George Daniels 15. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	Annie		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of ser	security No. 224-12-4966		niels 417 E	
18, 3 3 4 4 1	CAUSE O		TETS AT (E	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) - 6	subavaelnoi	d fewer	rhage
(This does not meen the made of dying,	e.g., DUE TO		derlinde derlinde de dierdiede dierde derdierdierdierdierdierdie dierdierderdierdierdierdierdierdierdierd	
heart failure, asthenia, etc. It means the dis injury ar camplication which coused death.)				
ANTECEDENT CAUSES	(B)	massine	======================================	
DISEASES OR CONDITIONS, if ony,		1		
rise to the above couse (A) stoting UNDERLYING CONDITION lost,	the (C)			00000 000000000000000000000000000000000
II	- 1			
OTHER SIGNIFICANT CONDITIONS CONTRIB				
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 2VC. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
21 D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)	While At Work Not While At Work			
22. I certify that (I) (this hospital) atten			66 to	1/16 1966
that (I) (we) lost saw the deceased alive				
ond haur and from the couses stated obo			,, (,,	CCCSITE OIL THE GO
23A. SIGNATURE	(-) (me ees, and adollis		23 B. DATE SIGNED
The dans to	selve M.D. Alle	ending Med. S	hys.	1/16/66
23 C. PHYSICIAN'S		23D. ADDRESS		1/14/00
HUDSON HUDSON	FESCHE M.D.	UNION M	EMORIAL H	OSPITAL
24A, BURIAL CREMATION, 24B, DATE 2	4C. NAME of CEMETERY of CR	EMATORY 24D. LO	CATION (Cit	y, lown, or county) (Stote)
Burial 1/22/66	Mt Auburn Cemet	ry Bal	timore Md	
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JAN 21 1966 (D. 1-9)	Total Commence or	Adolphus Hals	tead 1206 W	North Ave-
VS 150-REV. 1/1/65		+ U - Q - Q - 4		

and the state of t

	BALTIMORE CITY	HEALTH DEPARTMENT	5	6 00686
BIRTH NO.	6 CERTIFICA	TE OF DEATH	Registered No.	10 01/000
1. NAME OF DECEASED (Type or Print) Catherine	taylor	Jan	18, 1966	9:40 Pm.
3. PLACE OF DEATH IN BALTIMORE, MARYLANI		4. USUAL RESIDENCE (Where A. STATE B. COUNT		ution: resitunce before odmission)
FULL NAME OF (If not in hospital or insti-	tution, give street	C. CITY OR TOWN (If outsi	ide city limits, write RUR	RAL and give township?
University Hosp	ital		rol, give location)	2 . 2-
	ARRIED, NEVER MARRIED		AGE (In years	f Under 1 Yr., If Under 24 His.
FN	DOWED, DIVORCED (specify)	1/25/32	33	Nonths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
None		Baltimore	- 1	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
George A Holm	29	Carrie	Logan	A-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of se	16. SOCIAL SECURITY NO. 215-28-346	9 Medical	records	ADDRESS
1B. 260 1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		REMIA		2 4 MORTEN
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di injury or camplication which caused death.	sease,	POWIC RENG	AL DIS.	~ 6 MOWTH
DISEASES OR CONDITIONS, if ony,	DUE TO			
rise to the obove couse (A) stating UNDERLYING CONDITION tast.	g the (c)	ABETES ME	LLITUS	- 20 YEARS
OTHER SIGNIFICANT CONDITIONS CONTRIVED TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
U 19A, DATE OF OPERATION 19B, CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED
WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, farm, foctory, street, a etc.)	n or obout? C. WHERE DID ffice bldg., WJURY OCCUR?	(If in Baltimore C	ity, give exact location)
21D. TIME (Month) (Doy) (Year) (Hou	1) 21E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
(APPROX)	While At Work At Work			
22. I certify that (/) (this hospital) atte			, 66 10 Jan	18 19 66
that (/) (we) last saw the deceased aliv	10		in (my) (aur) apinia	in death accurred on the date
and hour and from the causes stated ab	ove. (I) (We) (did) (did not)	riew the body after death.		DATE CONFO
23A. SIGNATURE	1 M.D. AH	ending Med. S	itoff Phys.	18 DATE SIGNED
23C.PHYSICIAN'S	Phy	s. Director P	hys.	10 47,00 00
NAME (Type) RICHARD D	P 72 M.D.	UWIVERS	ity Ito	S P.
	24C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City,	town, or county) (Stote)
Burial 1/22/66	Mt Auburn Cen	netry Bal	timore Md	
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	444	ADDRESS
JAN 21 1966 (P.O. Fr 9	9.35. Dina 0 0	Molphus Hall's	tead 1206 W	North Age

James 13, 1906 Catherine Taylor maybeal University Hospital 938 Well Court 1 2 2 2 33 Varrom N N 84 Boltimire Hd George A Holman Carrie Logen 215-25-3469 Madreil records the gam. 12 - 65 fourth, former to

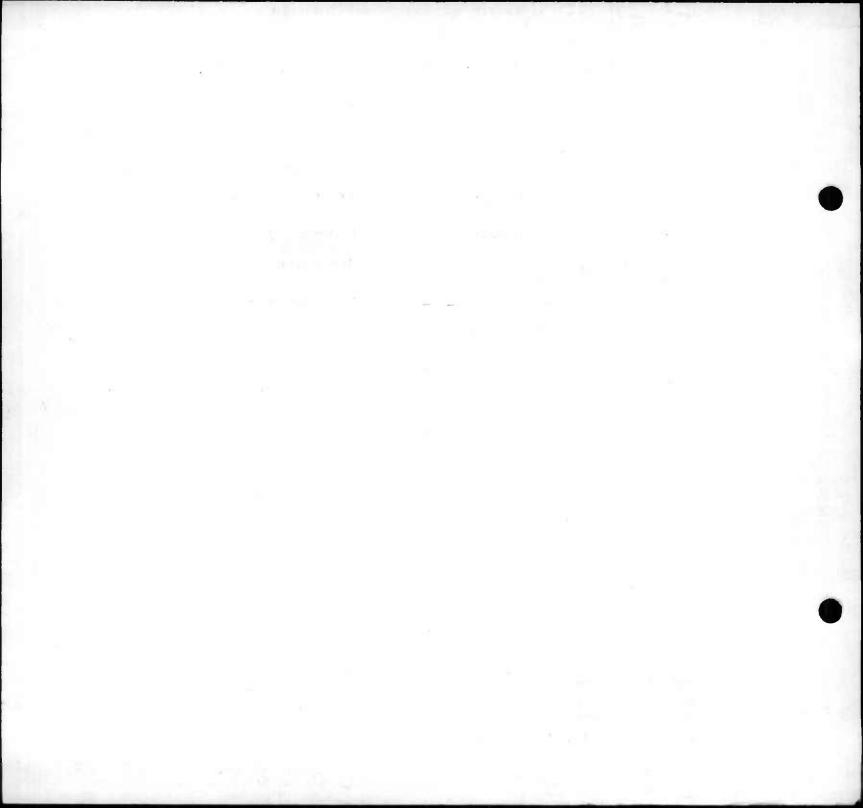
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BALTIMORE	CITY	HEALTH	DEPARTMENT	

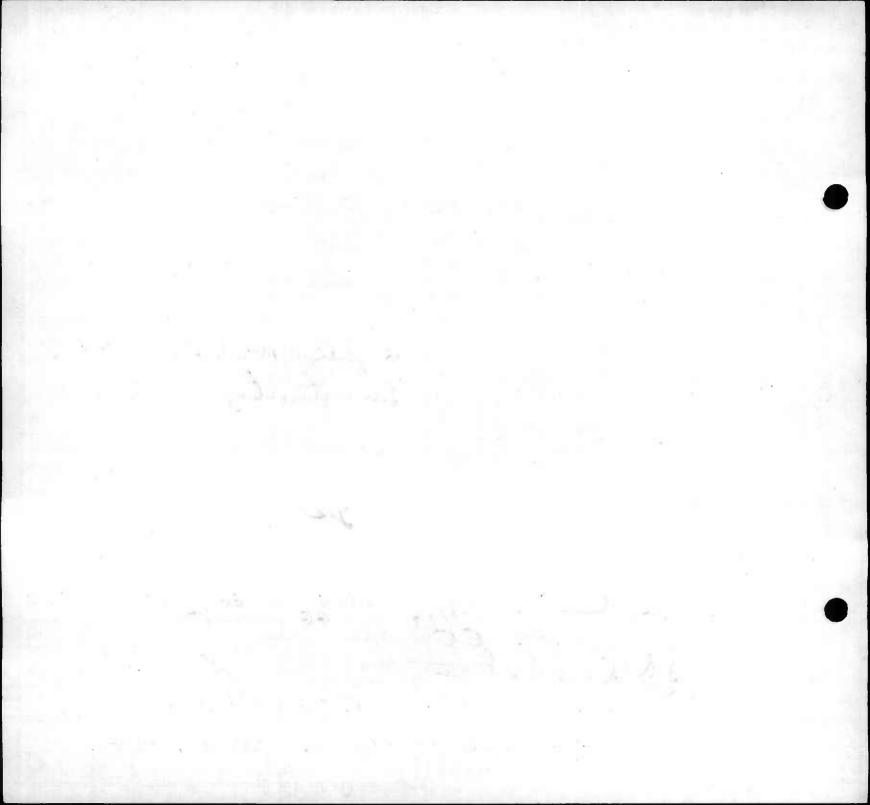
Registered	Na	66	01	068	-
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	H NO.	66	006	37	CERTIFICA	TE OF DE	ATH	Registered No	. 66 00687
1. N	AME OF DECE	EASED				2.	DATE A	ND HOUR OF DEAT	Н
(Тур	e or Print)	John	James	Maker	Lansdale		Jan	uary 18, 19	266 V M
F	ULL NAME OF DEA	F (If no	in hospital ass or location	or institution,		Maryland	B. COUI	ere deceased lived. If	RURAL and give lownship)
	110	W Dala	atoga S	6		MAD ME C-		- 01	
5. \$	ex M	6. RACE			NEVER MARRIED D, DIVORCED (specily)	8/28/08	racog	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 His. Months Days Hours Min.
	USUAL OCCU				BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	ole or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
aone	Laborer		ven ir retired)	Facto	ory	St Marys	Coun	ty Md	USA
13.	FATHER'S NAM	A E				14. MOTHER'S MA	IDEN NA	ME	
	Yemar	Lansda	le			Nina Ham	mond		
	Was Deceased				1 6. SOCIAL	17. INFORMANT			ADDRESS
(Tes	No or unknown)	Ill yes, give	e wor at date	s of service	212-14-8272	Miss Elea	mor	Lansdale 77	0 W Saratoga St
TION	(This does not heart foilure, injury ar come of the control of the	LEADING of mean the astheria, eleptication will antecedent of condition the above of condition the condition of the condition	e mode of c. II means hich caused AT CAUSES FIONS, if couse (A) DN last.	dying, e.g., the disease, death.) any, giving staling the ONTRIBUTIN TED TO TH	(C)	fresters		Lower levels	indo 4 ym
CERTIFICATION	19A. DATE OF			DITION FOR	WHICH OPERATION	20A. AUTOPSY?	(Yes or N		E FINDINGS CONSIDERED AUSES OF DEATH?
CAL	21A. ACCIDEN OR CONTRIBU DEATH (notify	TING CA	USE OF	218 hor etc	R. PLACE OF INJURY (e.g., ine, form, factory, street, a	n or about 21 C. WHE lfice bldg., INJURY C	RE DID	(If in Boltim	are City, give exact lacation)
MEDI	21D. TIME OF INJURY (APPROX)	(Month) (I	Doy) (Yeor)		ile At Nork Nork While At Work	le 🗀	V DID IN	JURY OCCUR?	
					the deceased fram	1011		19 24 to hot in (my) (our) a	1/865 19, pinion death accurred an the dote
	and hour and	from the	causes stat	ed above. (l) (We) (did) (did nat) v				
	23A. SIGNATU	atur	ell J	mh	M.D. Att.	ending Med s. Dire	d. ctor	Stoff Phys.	23B, DATE SIGNED
	NAME (T)		V		M.D.	554	00	lphin	Stratoml
	Burial CREA REMOVAL (S Burial	Specify)	1/24/6	56 N	AME of CEMETERY of CR ew Cathdral OF REGISTRAR	Cemetry	DIRECTO	Baltimore N	(City, town, or county) (Stote)
	JAI	V21 1	366 0	1 100 100 100	Labertia -	Adolph	us Ha	lstead 1206	W North Ave

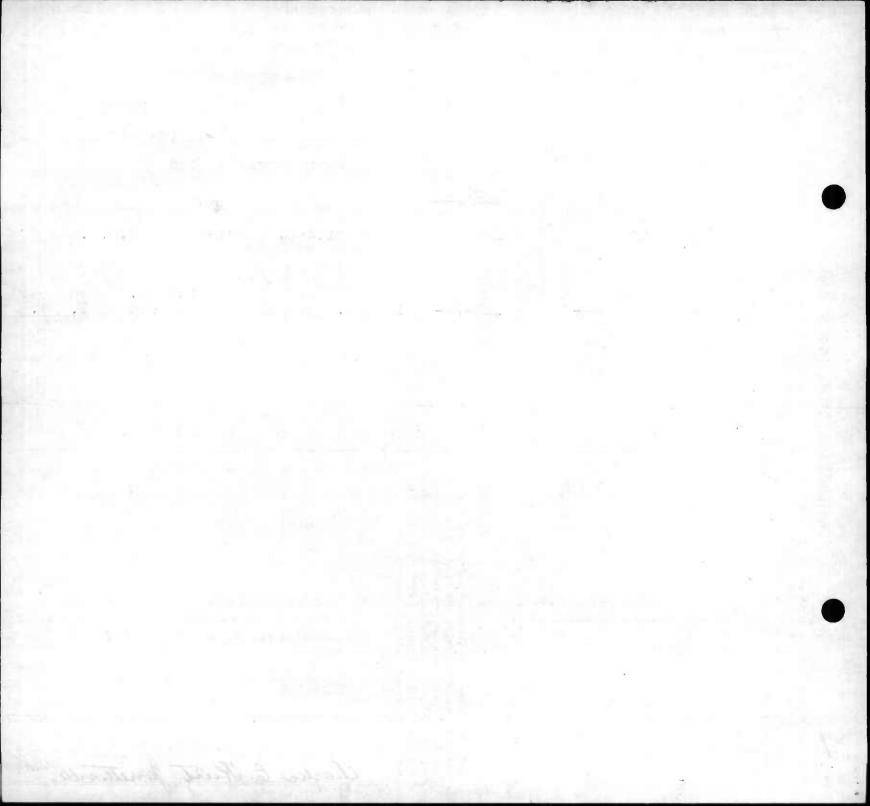


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

		1.1 -126.1		HEALTH DEPARTMENT	0.0	MINORO
		H NO. 66 01394 66 006	88 CERTIFICA	TE OF DEATH	Registered Na. 56	3 (40000
		AME OF DECEASED or Print) A HILACO, Baby LACE OF DEATH IN BALTIMORE, MARYLAND	Cial		-19-66	8.04 P M
	3. PI	LACE OF DEATH IN BALTIMORE, MARYLAND	0,,,		deceased lived. If insti	tution: residence before admission)
	FI	ULL NAME OF (If not in hospital or instituti		MARYLAND		05
	H N	OSPITAL OR oddress or location) STHE JOHNS HOPKINS	HOSPITAL	BALT I MORE	ide city limits, write RU	RAL and give township)
	9	THE COUNTY HOLIKING	110011172		yette STRE	ET
3	5. SI		IED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	. AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
		EMALE NEGRO NEV	VER MARRIED	1-18-66		20 8
		USUAL OCCUPATION (Give kind of work 10B, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreig	n Country)	12. CITIZEN OF WHAT COUNTRY?
	13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAM	1E	
1	1	BILLEE HOWARD		BARBARA WALL	ACE	
	15. V	Nos Deceased Ever in U. S. Armed Forces? ,no or unknown! ((1) yes, give wor or dotes of servi	SECURITY NO.	17. INFORMANT		ADDRESS
		18. 7 73.5	CAUSE OF	DEATH		INTERVAL BETWEEN
		DISEASE OR CONDITION DIRECTLY	. /	1 11	0 0.	ONSET AND DEATH
		LEADING TO DEATH (This does not mean the mode of dying,	(A) DUE TO	yskine Me rematuril	mb- Kes	: 20 200
		heart failure, asthenia, etc. It means the dise- injury or complication which caused death.)	ise,	A . A	2	00 /
		ANTECEDENT CAUSES	(B)	remaluril	4	20 Krs
		DISEASES OR CONDITIONS, if ony, give			\checkmark	
2		rise la lhe obave cause (A) slaling UNDERLYING CONDITION last.	lhe (C)		48 48 18 7000 88 88 90 44 44 45 00 000 000 000 000	
		II				
5	TION	TO THE DEATH BUT NOT RELATED TO				
	ICA	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIR	NDINGS CONSIDERED
	ERTIFICATION	WAS PERFORMED		Yes	IN CERTIFYING CAUS	SES OF DEATH?
	0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obes 21C. WHERE DID	(If in Boltimore C	City, give exoct locotion)
5	103	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
		(APPROX)	While At Not While At Work			/
		22. I certify that (I) (this hospital) attended	ed the deceased fram	1118	96610 11	19 1966.
		that (I) (we) last sow the deceased alive	on // 19	196_6 and tha	t in (my) (our apini	an death accurred on the date
		and haur and from the causes stated above	e. (1) (did) (did nat) vi	iew the body after death.		
		23A. SIGNATURE	M.D. Atter		Stoff Phy s.	3B. DATE SIGNED
		23C.PRYSICIAN'S NAME (Type)		23D. ADDRESS	01-0	9111100
<u>.</u>		J. O. WINKEL	STEIN M.D.	1703 CA	The dia	l l
1	24A.		C. NAME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	town, or county) (State)
	CI		he Johns Hopk	ing Hos Ral	timore . M	iaryland
			ME OF REGISTRAR	25C. FUNERAL PIRECTOR	PAT DISPO	ADDRESS
		JAN 21 1966 (R.O. Fr &	STANGE MAN	HODLI	ה דמדת הדטדת	NAB
	VS 1	150-REV. 1/1/65	the ball and	0007		



					Y HEALTH	DEPARTMENT			
BIRT	H NO.	(:)	0689	CERTIFICA	ATE O	F DEATH	Registered N	0.661	10689
	AME OF DEC	- 1200	p				ND HOUR OF DEA	TH	
	e or Print)	2+10000	E, L	togarth			/		2 45
3. I	PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND	rogarin	4. USUA	L RESIDENCE (Wh	ere decessed lived.	f institution:	residence before odmission
- 1	FULL NAME OF HOSPITAL OR NSTITUTION	OF (If not in hospital oddress or location	or institution, n)	give street			utside city limits, wr		[[[]]
1	1	11.	//		D. STREE	T ADDRESS (f rurol, give location)	(Rura	1) 62-00
	nion	Memorial	Ho	rsp	J	arretts	ville Roa	.d	
5. \$	F	6. RACE	winowi Ma	D, NEVER MARRIED ED, DIVORCED (specify) TILED	B. DATE	7 / '90	9. AGE (In years lost birthdoy)	If Unde Months	er 1 Yr. If Under 24 Hrs Doys Hours Min.
		UPATION (Give kind of work working life, even if retired)	108, KIND C	F BUSINESS OR INDUST	Y 11. BIRTH	PLACE (State or for	reign country)		IZEN OF
I	Housewi	ife	Н	ome	Balt	imore, l	Maryland		.S.A.
13.	FATHER'S NA	ME			14. MOT	HER'S MAIDEN NA	AME		
1.0	Hen	Eve in U. S. Armed For	ede	ke	(athe	rine	Mar	ADDRESS BOX 691
15. (Ye:	Wos Deceased s,no or unknown	(If yes, give wor or dole	ces? is of service)	SECURITY NO.	17. INFOR	MANT	Sta	r Rt.	Box 69]
	No			13-54-0981					Hill, Md.
	18. 34	15 XI		CAUSE	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION DI	RECTLY					,	
	(This door o	LEADING TO DEATH	distant was	(A)		Mult	1p/e 50	evosis	40 yrs
	heart foilure,	nol meon the mode of osthenia, etc. It means	the discose				/		
	injury ar can	nplication which caused	death.)						
	ĵ.	ANTECEDENT CAUSES		DUE TO		***			
		OR CONDITIONS, if above cause (A)							
		G CONDITION lost.	sioning in	(C)					
		11							
ATION	TO THE D	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	ATED TO T						
ICA		OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. A	UTOPSY? (Yes or h	lo) 20B. IF YES, WE	RE FINDINGS	CONSIDERED
ERTIFIC	0	WAS PER	FORMED			140	IN CERTIFYING	CAUSES OF	DEATH?
CAL CI	OR CONTRIBL	NT WAS UNDERLYING TING CAUSE OF medicol exominer		B. PLACE OF INJURY (e.g. me, form, foctory, street, c.)	in or about office bldg.,	21C. WHERE DID INJURY OCCUR?	(If in Boltin	nore City, giv	ve exact location)
ā	21D. TIME	(Month) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED		21 F. HOW DID IN	IJURY OCCUR?		
ME	(APPROX.)			hile At Not Wi					
	22 1 - 16	Al = 4 (1) (Al != 1 = 1 = 1 = 1				11.0	10 / /		1/18 10 66
				the deceased from		1/10	19 66 to		J
	that (I) (we)	lost sow the decease	ed olive on.		E19.		hot in (my) (our)	opinion dec	oth occurred on the do
			red obove.	(1) (We) (did) (did-not)	view the l	oody ofter death	•		
	23A. SIGN ATU	JRE .	0	1				23B. DA	TE SIGNED
		Gralow 3	Tesch	e M.D. A	ttending	Med. Director	Stoff Phys.		1/18/66
	23C. PHYSICIA			~ /	23D. ADDI	RESS			1
	+	todson	to	sche M.E	0.				
24A	BURIAL CAE	MATION, 24B. DATE	24C. N	AME of CEMETERY OF C	REMATORY	24D.	LOCATION	(City, town,	or county) (State)
	Burial	1/21/J		ost Holy Re	edeeme	Pr FUNERAL DIRECTO	Baltimore	, Mar	yland
	JAN 91	1966 0 0			11	inster!	C 74.7	- g	The Ind
VS	150-REV. 1/1/		1 2,910	Broke O	0	60	o June	jur	eur mulez



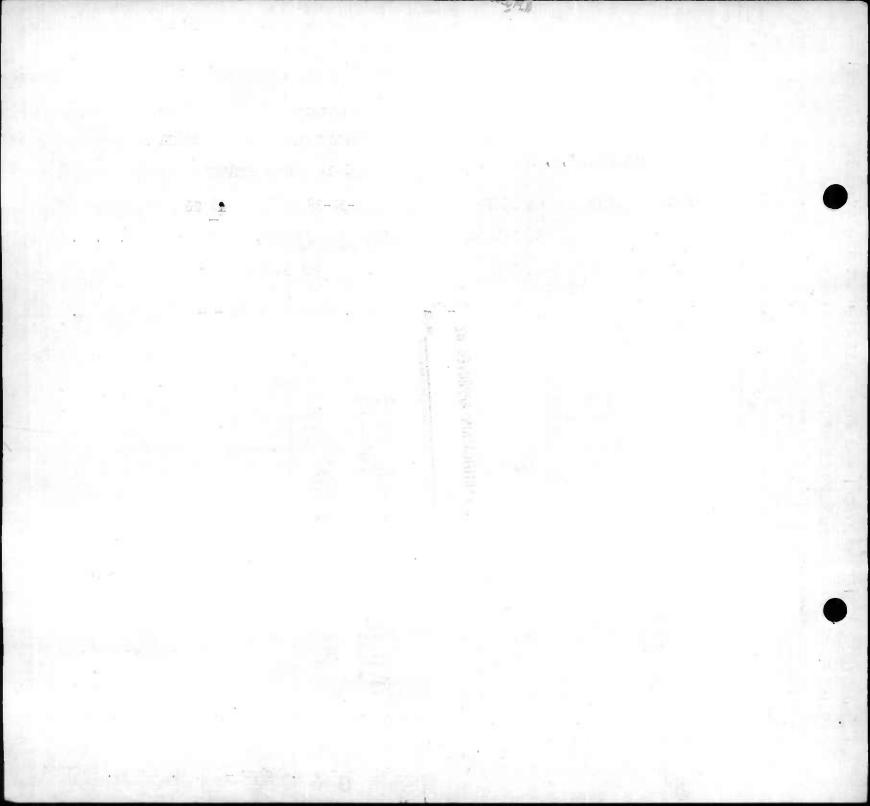
5	-	2	do	U	
MEDICAL		pital and of death	Deceased ce on the	ath. Such	BI M 1. (T
土土		cause	use; (5) endan	to de	
BY		ed ir	d car	prior e.	K
PROVAL		oath occurr	ndetermine in regula	deceased tion is mad	13 15 15 16 17
AP		if de	4) Ur was	the	13
O	ANT	tant dir	nd; (on In	1.5 (Y
LEASED	MPORT.	r his assist	of any kin	ttendance	
RE	::	er o	ture	ar a bain	
BEEN	ECTO	examine	3) A frac	are em	
HAS	IL DIR	edical	urns; (< ysician	was ii	3
THE BODY OF DANDEL SADOWSKI HAS BEEN RELEASED ON APPROVAL BY THE MEDICAL	FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such 🦲 written approval must be obtained before the remains are embalmed or final disposition is made.	MOITA CIBITABO IA CICATA
DANGEL		approved to the hosp	of any natual (except	h); and (6) be obtained	200
40		st be	lent o	deat	
ВОДУ	EXAMINER.	This certificate must be ap the body was released to	An accid	deceased prior to death); written approval must be	
THE	EXAP	certification w	S: (1)	ased r	24
		This the b	show	dece	25

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

	00	11000
Registered	No.100	0000

BIR	TH NO. 66 U	1030	CATE OF DEATH		66 00690
M.1	E. CASE NO.	de la Daniel Wa		E AND HOUR OF DEATH	
	PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE	Where deceased lived. If	institution: residence before admission)
	HOSPITAL OR address or location	PKINS HOSPITAL	c. MARY LAND	(If rural, give location)	RURAL ond give township)
	BALTIMORE°,5,	MD	1716 000000	ne empana	
5. 3	37170	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify		lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	. USUAL OCCUPATION (GIVE kind of work e during most all warking lile, even if relired)			-	12. CITIZEN OF WHAT COUNTRY?
13.	CLerk FATHERS NAME	Social Security Of	14. MOTHER'S MAIDEN	re Maryland	U. S. A.
	WALTER STEPHEN SA	ADOWSKT	MARY GA	T.ASKA	
15. (Ye	Was Deceased Ever in U. S. Armed For s, no or unknown) (If yes, give wor or dote	cos? 16. SOCIAL	17. INFORMANT	<u> </u>	ADDRESS
	No	216-34-989	00 Mrs. Mary Sad	dowski 17	16 Thames St.
	18. 307 X I		SE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIE LEADING TO DEATH	The state of the s	Hypotensian		iweek
	(This does not meon the made of heart failure, osthenia, etc. It meons injury or complication which caused	The disease,	Panoralities		(7)
	ANTECEDENT CAUSES	A 7 10 10	Jefiriam / GE	MINING NILLAN	2-0/k/2P
	DISEASES OR CONDITIONS, if rise to the obove couse (A)	ony, giving	Pheumoni		
	UNDERCTING CONDITION 10ST.	130			
ATION	OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	ATED TO THE IPON JULY			
ERTIFIC	19A. DATE OF OPERATION 19B. CON WAS PER		20 A. AUTOPSY? (Yes o	10 No. 20B. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
CAL CI	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	218. PLACE OF INJURY (chame, form, factory, streetc.)	e.g., in or about et, affice bldg., INJURY OCCU		ore City, give exoct locotion)
MEDI	21 D. TIME (Manth) (Doy) (Year) OF INJURY (APPROX.)	While AI Not	While Work	INJURY OCCUR?	//
	22. I certify that (I) (this hospital that (I) (we) last saw the decease	//- 1	1 / / / /	19 0 to	inion deoth occurred on the dote
	ond haur and fram the couses star	ted obove(1) (We) (did) (did no			
	23A. SIGNATURE	M.D.	Attending Med.	Stoff 6	23B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	et age	Phys. Director 23D. ADDRESS	Phys.	1/20/06
247	E. EUGE.	ne page	M.D. DOMA	S HONIKEN	is territar
244	REMOVAL (Specify)			Baltane	City, tawn, ar county) (State)
25/	Burial 1/24/66 DATE REC'D BY HEALTH PEPT	St. Stanisla	us Cemetery 25c. FUNEXAL DIREC	TOR	ADDRESS
	1AN 7 1 1466 (15. 1) was &	The same of	Common A 5	T T MOT C	Amm C+ //21221

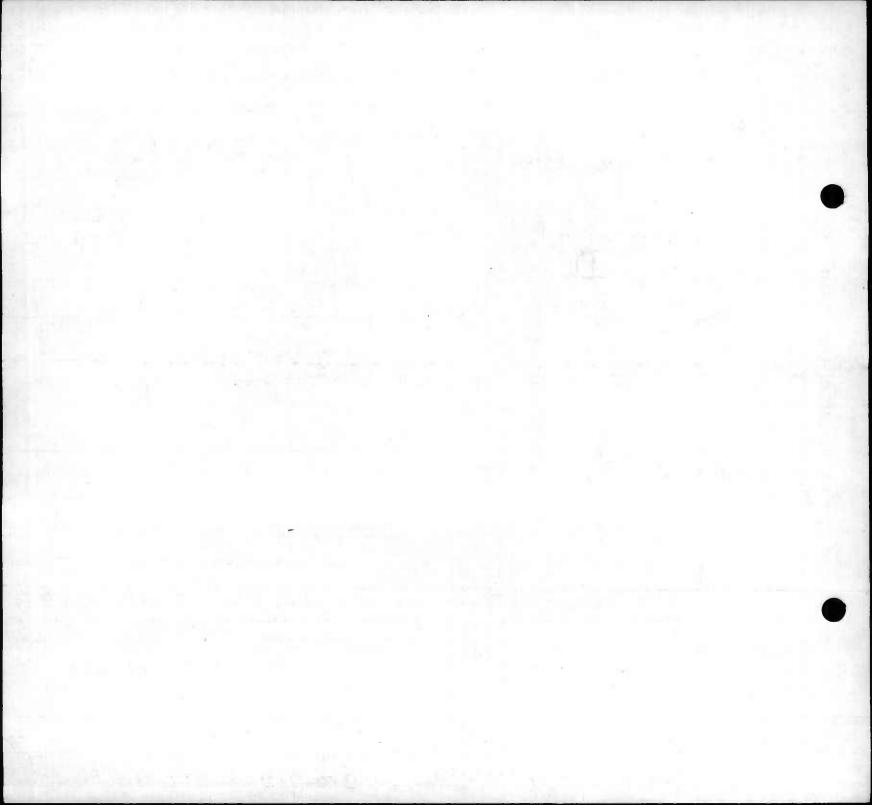


IMPORTANT FUNERAL DIRECTOR:

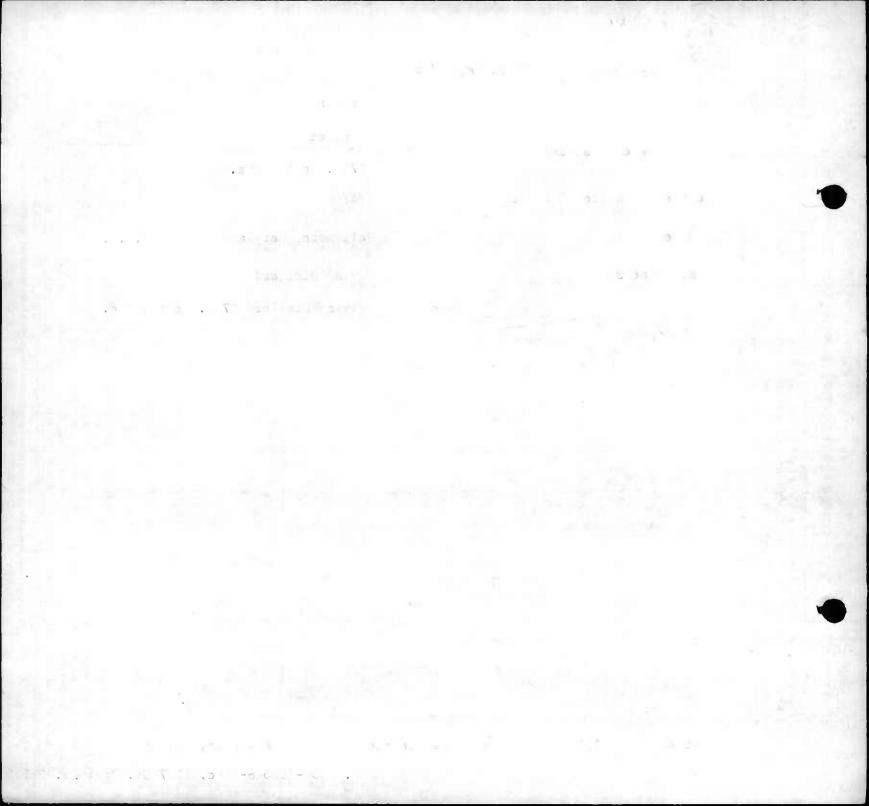
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	BALTIMORE CITY HEALTH	PEPARTMENT	04.	
	CERTIFICATE OF	DEATH	Registered Na.	00691
- (4	2. DATE AND	HOUR OF DEATH	,
el	/		1/16/66	1230 Am.
	4. USHAL	RESIDENCE (Where	deceased lived. If instit	ution: residence before odmission)
ď	110.3/11	8. 0001411	-0	\ Q

BIRTH NO.	66 00691	CERTIFICAT	E OF DEATH	Registered Na.	101691
M.E. CASE NO.		1 ,		ND HOUR OF DEATH	/ - ^
(Type Print)	19,6000	iel		1/16/66	1230 Am
3. PLACE OF DEATH IN	BALTIMORE MARYLAND	J	A. STAVE B. COUR		stitution: residence before odmission)
FULL NAME OF	(If not in hospital or institu		Maryla	~el	10-86
INSTITUTION	Cons	1 40001011	C. CHY OR TOWN (IFO	utside čity limits, write R	URAL and give township)
11 Jahr Jan	al Bellera	1 (1020/4d	D. STREET ADDRESS (II	rurol give postion	1
Balt mo.	re, 11 au	-yland	32. De6	chtied	due.
5. SEX 6. RA	CE 7. MAR	RIED NEVER MARRIED	DATE OF FIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. , If Under 24 Hrs. Months: Doys Hours Min.
/ / /	\mathcal{A}	1 annual	57489.	76	
done during most of Working	life, effen if retired)	20	. BIRTHELA CE (Side or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
Ketiva	ed-Cond.	RANSIT CO.	Manie	no '	USV.
13. FATHER'S NAME	73	14	. MOTHER'S MAIDEN NA	2	
15. Wos Deceased Ever		29	MICEC	wens.	ADDRESS
(Yes, no or unknown) (If ye	is, give wor or dates of serv	ice) SECURITY NO.	· INFORMANT	1100	ADDRESS
YES 1-0	DV 3 VO 2 -	V 213-10-2605	1202(7)	Jar ha	uf.
IB. / 8/	CONDITION DIRECTLY	CAUSE OF	DEATH	20: 44	ONSET AND DEATH
	OING TO DEATH	(A) Canc	er all the	Sloolder	
	eon the mode of dying, nio, etc. It meons the disc	e.g., DUE TOA		1 16	
	ian which caused deoth.)	CITIE	4-01-00	+ Jumor	rage
	CEDENT CAUSES	DUE TO		H II NORMANON H II II II () () () () (AAAAAA () () () () () () () () () () () () ()	
rise to the abo	ONDITIONS, if any, gove couse (A) stating				
UNDERLYING CO	NDITION lost.				
OTHER SIGNIFICAN	II AT CONDITIONS CONTRIB	JTING			
TO THE DEATH	BUT NOT RELATED TO				
TO THE DEATH DISEASE OR COND 19A. DATE OF OPER	ATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE F	INDINGS CONSIDERED
21 A. ACCIDENT W	AS UNDERLYING	218, PLACE OF INJURY (e.g., in o	v obout 21 C WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING DEATH (notify medic	CAUSE OF	home, form, foctory, street, offic	e bldg., INJURY OCCUR?	(ii iii bollimore	Only, give exoct locollotti
<u> </u>	ith) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
S OF INJURY		While At Not While			
	(1) (this bosnital) attend	Work At Work	11/5-	19 6 (ta	1/16 19 66
	saw the deceased alive	1/1/			ian death occurred an the date
		ve. (1) (We) (did) (did nat) vie			
23A. SIGNATURE	\sim \sim	Λ.			23B. DAVE SIGNED
11.5 tea	Kan Ilan	M.D. Attend	ing Med. Director	Stoff Phy s.	1/16/66.
23C. PHYSICIAN'S	1 1 1 2	231	D. ADDRESS		
		M.D.			
24A. BURIAL CREMATIC		C. NAME of CEMETERY OF CREM	ATORY 24D. L	OCATION (City	y, town, or county) (Stote)
Burial	1-19-66	Ballimore Hation	al Cem.	Dallinos	mf.
25A. DATE REC'D BY H	EALTH DEPT. 25B. NA	ME OF REGISTRAR	25C, FUNERAL DIRECTO	. 170	ADDRESS / /
JAN 21 1	966 00 120	2000000	PARKEYA CA	vara oght of	6601 Pulualtre



, (- 4 22 2 /		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	00341 66 0	0692	CERTIFICA	TE OF DEATH	Registered No	00 0000
M.E. CASE NO.		11.71.31.7 -			AND HOUR OF DEATH	66 00502
(Type or Print)	1	program of the	r. 4. 1 (n-1.)	2. 54.1	1/16/	16 1 72 11.
3. PLACE OF DEA	ATH IN BALTIMORE, M	ARYLAND	(Baby)	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission)
				A. STATE B. CO	UNIT	11 1-1
FULL NAME OF HOSPITAL OR	OF (If not in hospital oddress ar lacoti		give street	Maryland c. City or Town (IF	autside city limits, write	e RURAL and give township)
INSTITUTION				Aberdeen		62-28
/ N	Mercy Hospita	1		D. STREET ADDRESS	(If rural, give lacation)	
(27 E. Bekair		
Female	White	WIDOWE Baby	D, DIVORCED (specify)	B. DATE OF BIRTH 1/4/66	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
	UPATION (Give kind of wo		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	areign country)	12. CITIZEN OF WHAT COUNTRY?
None	TOTAL STATE OF THE	'		Baltimore, Ma	ryland	U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	NAME	0.0.1.
Gary Bl	ackson Ever in U. S. Armed F	210007	1 6. SOCIAL	Vivian Stalla	rd	ADDRESS
Yes, na ar unknown	(If yes, give war ar da	tes of service)	SECURITY NO.	INFORMAN I		ADDRESS
No			None	Vivian Stall	ard 27 E. Be	elair Ave.
18.	X 4.34	0.0	CAUSE O	F DEATH .	1	INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION D	IRECTLY		n. I	- 1	ONSET AND DEATH
	LEADING TO DEATH		(A)	Mennigell	N C Sleps	un. Id-lu
	nal mean the made of asthenia, etc. It mean				1	
	nplication which cause			? Culi		
	ANTECEDENT CAUSE	S	(B)	y coru		
DISEASES (OR CONDITIONS, if	any, giving		1.1		Dolar -
	e abave cause (A G CONDITION last.) stating the	(C) (C)	Mariny	***************************************	10 augs
UNDERLIN	S CONDITION Idst.			V.		
E TO THE D	II IFICANT CONDITIONS EATH BUT NOT REI CONDITION CAUSING	LATED TO TI	IG HE			
19A. DATE OF	OPERATION 198. CO		WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?
U 21 A. ACCIDE	NT WAS UNDERLYING	21	B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Baltimo	are City, give exact lacotian)
	JTING CAUSE OF	has		ffice bldg., INJURY OCCUR?	,	
0 21 D. TIME	(Manth) (Doy) (Year	r) (Haur) 211	E. INJURY OCCURRED	215 110111 010	INJURY OCCUR?	
S OF INJURY	(Ividinii) (Doy) (Teal		hile At Nat Whil		INJURY OCCUR:	
(APPROX.)			ark Al Wark		11	1110 00
22. I certify	that (1) (this hospit	al) attended	the deceased from	11,4/	19 00 10	///8 19.60
	lost sow the decea		1 /	18 19 6 6 ond	that in (my) (aur) or	pinion death occurred on the date
100			1/	riew the body after deat		
23A. SIGNATU		A A	(i) (ne) (did) (did Hox) (new the body after dear	п.	23 B. DATE SIGNED
200.0101141	lest	religions	M.D. Atte	ending Med. S. Director	Staff Phys.	1/18/66
23C. PHYSICIA				23D. ADDRESS	12 A C	11100
NAME ()	100	1	M.D.	Maxes	Herrital	
4A. BURIAL CRE	MATION, 248. DATE	24C. N	AME of CEMETERY OF CR	MATORY 240	LOCATION (City, town, or caunty) (State)
REMOVAL	Specify)		1	V	/	
Burial	1/20/6		len Haven Ceme		Baltimore, Ma	
IAN A	BY HEALTH DEPT.	1 7	OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
JAN 2	1 1966 (Roles	AT EINE	Saber Hill O	Wm Cook-Bro	oks- Inc. 12	217 St. Paul St. 212
/S 150-REV. 1/1/	65			0 0 .		



BIRTH NO. M.E. CASE NO.	66 00 Stemme		TIFICATE (Registered Na.	66 00693
1. NAME OF DEC	CEASED DE SR.	M. R.S.AL. (A	4. CABE /	1/17	/1966	819 PM. M. Institution: residence before admission)
FULL NAME (HOSPITAL OR INSTITUTION	OF (If not in haspital a	institution, give street	A. STA	ATE B. COU D. TY OR TOWN (If o	NTY	RURAL ond give township)
	CY HOSTET	1.L	D. ST	REET ADDRESS III. T. St. AGN	rurol, give location)	ASHINGTON B
5. SEX	6. RACE	. MARRIED, NEVER MAR WIDOWED, DIVORCED STNGLE	(specify) B. DAT	16/89	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of	UPATION (Give kind of work) working life, even if retired) GIOUS SISTI	OB, KIND OF BUSINESS O	Y	aty Cond		12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NA	LES MCC	ABE		LA MC		
5. Was Decease Yes, no or unknow	d Ever in U. S. Armed Farce (If yes, give wor or dotes	of service) 1 6. SOCIAL SECURIT	Y NO.	M. CYRIL	RSM Mr.S	ADDRESS CONVEN
(This does hearl failure injury or co	SE OR CONDITION DIRE LEADING TO DEATH nol mean the mode of , osthenio, etc. It means if mplication which caused of ANTECEDENT CAUSES OR CONDITIONS, if a he above cause (A)	ny, giving	B) A S	condial	infact	`
UNDERLYIN OF THE CONTROL OF THE CON	IG CONDITION lost. II VIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS IT.	NTRIBUTING ED TO THE				FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF y medical examiner	21B PLACE OF I home, form, focto etc.)	NJURY (e.g., in ar ob ory, street, office blo	21 C. WHERE DID	(If in Baltimo	ore City, give exoct locotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hourl 21E INJURY OC While At Work	Not While At Work	21F. HOW DID IN		
ond haur or 23A. SIGNAT	avia lia C	alive an 1/12, d abave. M(We) (did)	(did view th	Med.		238, DATE SIGNED
NAME	EMATION, 24B. DATE	PIA CALD		MERCY RY 24D.		City, town, or county) (State)
BURIA 25A. DATE REC'	1/20/ D BY HEALTH DEPT.	56 MT ST	AGNES	CENETERY C. EUNERAL DIRECTO W. MEARS		S. BALTO MD. OF N. CALVERT S
VS 150-REV. 1/1	1966 (120)	P E TOTAL BENEAU	0 0 1	0 6 2	3	- are caracter o

BRIGHT LANS

APT SE PROPER APP LINEARING TON THE

RELICIONS ... Hargland

ELLA MEINTYRE

Myscondial infant 0.428.

11.11

Monogra Cold in

MERCH HOSE

CHARLES ACCAGE

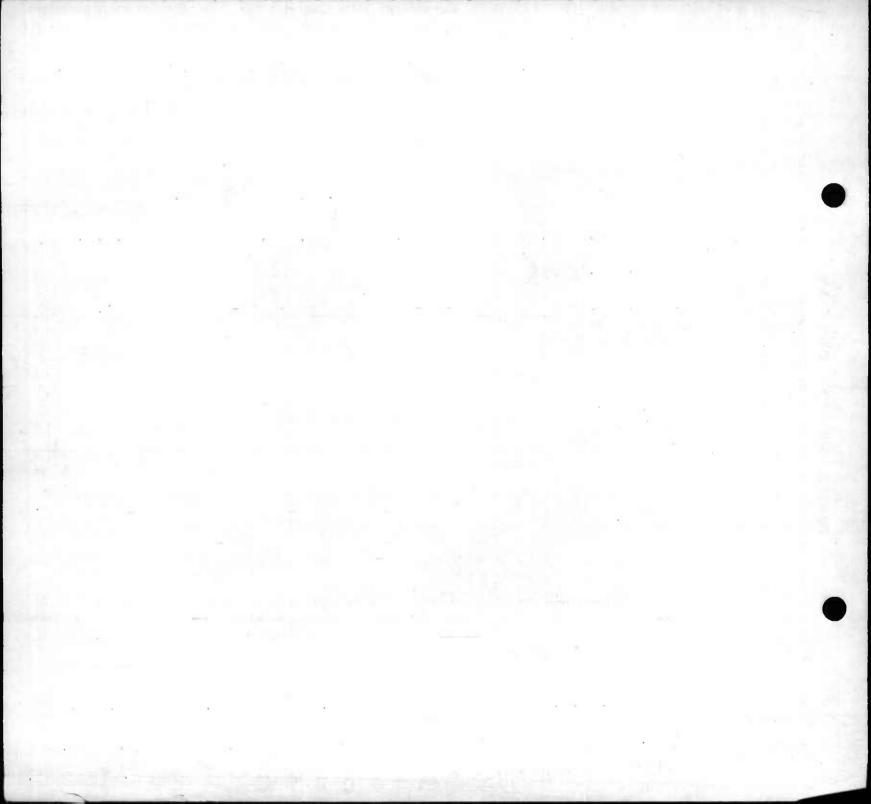
MARIA TIA CALDINI

FRREY HOLY

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

	E. CASE NO. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
11. "	Margaret G. Welsh	
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	January 18, 1966 10 A.
	The second secon	A. STATE B. COUNTY
	FULL NAME OF ((f not in hospitat or institution, give street HOSPITAL OR oddress or location)	Maryland 9909
	INSTITUTION Oddress of locoholi	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
1	Court De 744 mans Comment Translation	Baltimore
	South Baltimore General Hospit	
		1727 Light St.
	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (speci	B. DATE OF BIRTH 9. AGE (In years 1 Index 1 Yi. If Under 24 Norths Days Hours N
fe	emale white divorced	Sept.20,1898 67 yrs.
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IND	
	ne during most of working life, even if retired)	
	ttendant Com. Sta. City of Balto). Balto. Md. U.S.A.
13.	TAIREKS NAME	14. MOINER'S MAIDEN NAME
	William H. Curry	Jane Curley
15. (Ye	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	7.7.5	1955 Richard Welsh-808 Lynvue Rd. 21090
-		JSE OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH	ypertensive cardiovascular disease years
	(This does not mean the made of dying, e.g., DUET	0
	heart failure, asthenia, etc. It means the diseose,	
	injury ar camplication which coused death.)	
	ANTECEDENT CAUSES (B)	0
	DISEASES OR CONDITIONS, if ony, giving	
	rise to the above cause (A) stating the (C) UNDERLYING CONDITION lost.	
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U	19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
RTIF	none WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
I III	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	(e.g., in or obout 21 C. WHERE DID (If in Baltimore City, give exact locotion)
Ü	OR CONTRIBUTING CAUSE OF home, form, foctory, str DEATH (notify medicol exominer) NONE etc.)	reet, office bldg., INJURY OCCUR?
AL C		
U	210. IIME (Monin (Doy) (Teol) (Hour 21E INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
200	OF INJURY	t While
U		While Work
임	(APPROX.) Work At	Work
일	22. I certify that (i) (this hospital) attended the deceased from	work
음	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive on January 63	Hebruary 7, 1957 to January 6, 1966 ond that in (my) (town) opinion death occurred on the
임	22. I certify that (I) (this hospited) attended the deceased from that (I) (we) lost saw the deceased alive on anuary 6, and hour and from the couses stated above. (I) (We) (did) (did)	Work
OIC O	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive on January on the course stated above. (I) (We) (did) (did 23A. SIGNATURE	Work 1957 to January 6, 19 6 ond that in (my) (total) opinion death occurred on the not) view the body after death.
200	22. I certify that (I) (this hospited) attended the deceased from that (I) (we) lost saw the deceased alive on anuary 6, and hour and from the couses stated above. (I) (We) (did) (did)	Work 1957 to January 6, 196 196
200	22. I certify that (I) (this hospitel) attended the deceased from that (I) (we) lost saw the deceased alive on anuary 6, ond hour and from the couses stated above. (I) (We) (did) (did 23A. SIGNATURE 23C. PHYSICIAN'S	Work 1957 to January 6, 1957 to January 6, 1966 ond that in (my) (town) opinion death occurred on the not) view the body after death. Attending Med. Stoff Phys. 11–19–66
OIC O	22. I certify that (I) (this hospitel) attended the deceased from that (I) (we) lost saw the deceased alive on January 6, and hour and from the couses stated above. (I) (We) (did) (did 23A. SIGNATURE	Work 1957 to January 6, 1966 1966
MEDIC	22. I certify that (I) (this hospitel) attended the deceased from that (I) (we) lost saw the deceased alive on January 6, and hour and from the couses stated above. (I) (We) (did) (did 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr. C.C. Chlu	Work 1957 to January 6, 196 196
OIG WEDICA	22. I certify that (I) (this hospited) attended the deceased from that (I) (we) lost saw the deceased alive on January 6, and hour and from the couses stated above. (I) (We) (did) (did 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr. C.C. Chlu A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	Work Hebruary (, 1957 to January 6, 1966 1966 ond that in (my) (tour) opinion deoth occurred on the not) view the body after death. Attending Med. Stoff Phys. 23B. DATE SIGNED 1-19-66
OIG WEDIC	22. I certify that (I) (this hospitel) attended the deceased from that (I) (we) lost saw the deceased alive on January 6, and hour and from the couses stated above. (I) (We) (did) (did 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr. G.G. Chiu A. BURIAL CREMATION, REMOVAL (Specify) Burial 1/21/66 New Cathedr	Work 1960 and that in (my) (tour) opinion death occurred on the not) view the body after death. Attending Med. Stoff 1-19-66 Phys. 123D. ADDRESS M.D. 1 E. Randall St. Balto. Md. 212. Of CREMATORY 24D. LOCATION (City, town, or county) (St
OIG W	22. I certify that (I) (this hospitel) attended the deceased from that (I) (we) lost saw the deceased alive on January 6, and hour and from the couses stated above. (I) (We) (did) (did 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr. C.C. Chiu A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	Work 1960 1957 to January 6, 1960 1960 ond that in (my) (tout) opinion death occurred on the not) view the body after death. Attending Amed. Stoff 1-19-66 23D. ADDRESS M.D. 1 E. Randall St. Balto. Md. 212. of CREMATORY 24D. LOCATION (City, town, or county) (St



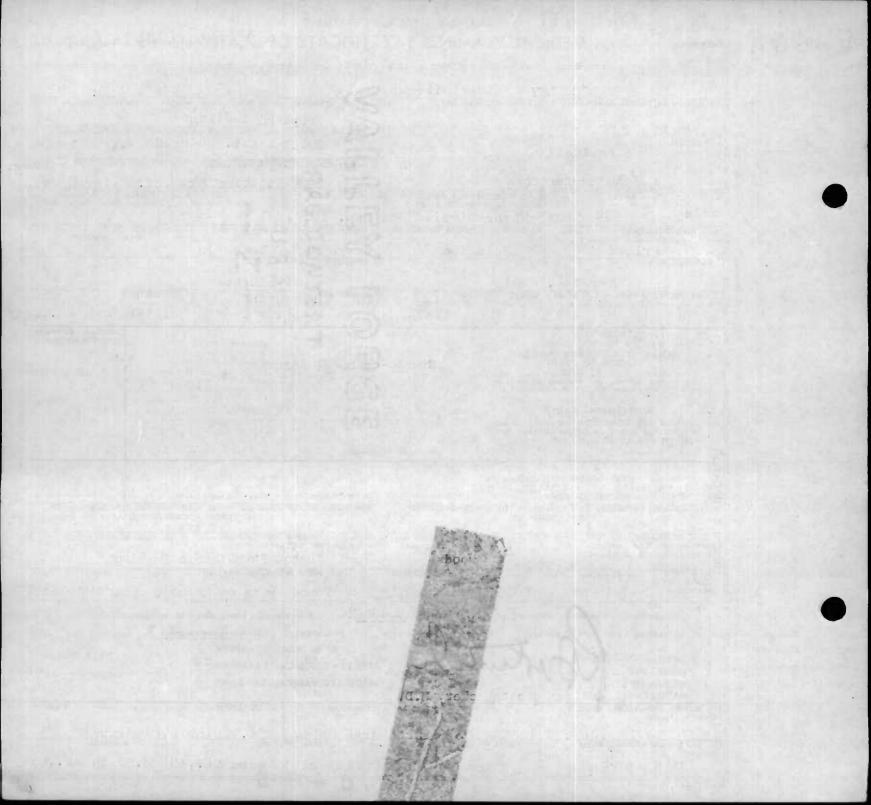
-	Y 6	91
	death occurred in a hospital and art or contributing cause of death	Undetermined cause; (5) Deceased ras in regular attendance on the edecased prior to death. Such osition is made.
IMPORTANT	or his assistant if Also, if the direc	re of any kind; (4) nounced death w attendance on th Imed or final disp
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be appr the body was released to th	shows: (1) An accident of any was D.O.A. at a hospital (e) deceased prior to death); a written approval must be ob

				BALTIMORE CIT	Y HEALTH	DEPARTMENT			
	H NO.	66 008	95	CERTIFICA	ATE OF	DEATH	Registered No.	111695	
1, N	AME OF DECI	ister Mary T	neresa I	ouglas		2. DATE AN Janua	ary 19, 1966	8.57 a.	м.
F	ULL NAME O		or institution,	give stieet	A. STATE	B. COUN		stitution: lesidence before admis	ion)
	NSTITUTION	oddiess of locofio				rtown (If out	side city limits, write R	URAL ond give township)	
17						O Forest H	rurol, give locotion	3	П
5. S	ex Female	6. RACE White		NEVER MARRIED D, DIVORCED (specify) Le (never M.)	B. DATE O	F BIRTH	9. AGE (In years lost birthday)	If Under 1 Yi. ff Under 24 Months Doys Hours Mi	
done	USUAL OCCL			BUSINESS OR INDUSTR	Y 11. BIRTHE	LACE (State or forei	gn country) California	12. CITIZEN OF WHAT COUNTRY?	
	Tames	A E				y (?)	ΛE		
15. V (Yes	,no oi unknown	Ever in U. S. Armed For (If yes, give wor or dote	ices? es of service)	SECURITY NO.	17. INFOR		Louise - 400	ADDRESS OO Forest Hill R	oad
TA	18. 4-2	2.11		CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH	
		E OR CONDITION DI LEADING TO DEATH			diovas	cular coll	apse	two week	
	heoif failuie, injuiy ar com	of mean the made of osthenio, etc. If means plication which caused	the disease, deoth.)	Gen	eraliz	ed arterio	sclerosis	three year	ars
	DISEASES C	ANTECEDENT CAUSES OR CONDITIONS, if above couse (A) CONDITION last.	any, giving	DUE TO					
ATION	TO THE D	FICANT CONDITIONS (EATH BUT NOT REL CONDITION CAUSING	ATED TO TH	G E					
ERTIFICA		OPERATION 198. CON WAS PER	IDITION FOR	WHICH OPERATION		UTOPSY? (Yes or No	208. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?	
CAL CER	OR CONTRIBU	NT WAS UNDERLYING TING CAUSE OF medical examiner	21 B hom etc.	PLACE OF INJURY (e.g., ne, form, foctory, street,)	in or obout 2	1 C. WHERE DID	(If in Boftimore	City, give exact location)	
-	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)	i	ile At At Work	ile 🖂 📗	TE HOW DID INJ	URY OCCUR?		
	that (I) (XXX)	last saw the decease	ed alive an		19	66 and the	19 63 to Jan	pary 18 19 6	6 date
	and haur and		ted abave. (I	(did nat)	view the b	ady after death.		23B. DATE SIGNED	
				M.D. A	tending	Med. Director	Stoff Phys.	January 19, 19	66
	23C. PHYSICIA	rs (pe)	Pale	legli M.D	23D. ADDR	26 FL	edered	faire	
24A	REMOVAL	MATION, 248. DATE	24C. N.	AME of CEMETERY of C	REMATORY	24D. L	OCATION (Ci	ly, town, or county) (Sto	e)
25 A	Buri DATE REC'D	al 1/21/BY HEALTH DEPT.	66 258. NAME C	St. Joseph's	25C. F	UNERAL DIRECTOR		Maryland	
	JAN 21	1966	1- E gsta	Beu M. M.	St	ewart & M	owen Co., 1	08 North Ave	•

. I f week Marie 1990 Committee of the Committee of

66 00696 BALTIMORE CITY HEALTH DEPARTMEN

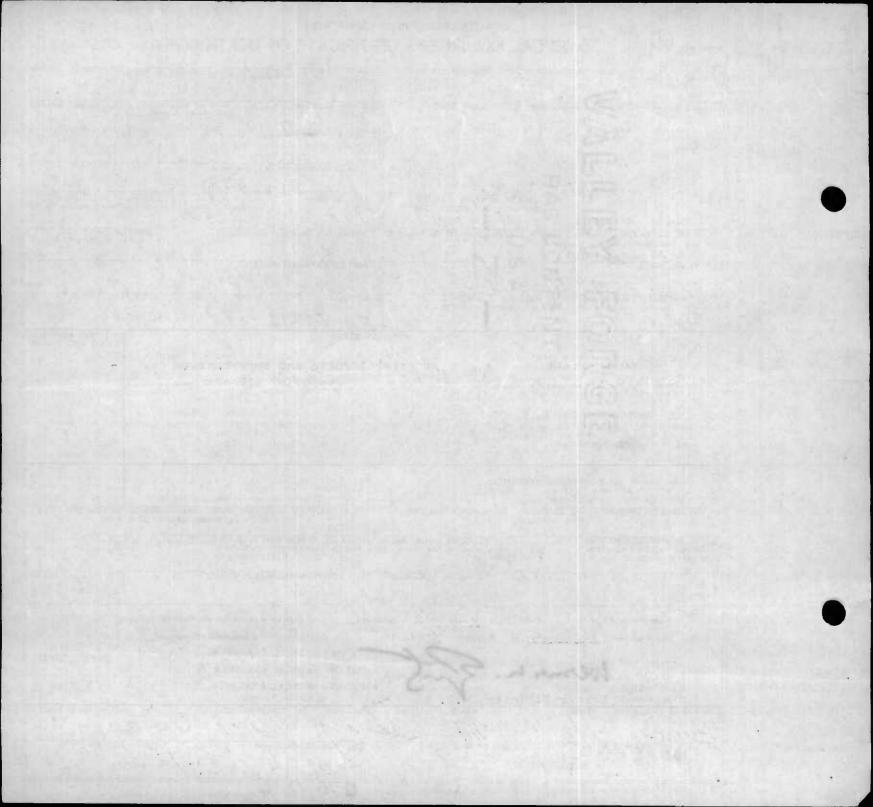
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						Indiana B. cou	INTY	
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	Seton Insti	cute		D. STREET ADDR	- Level 11, 223	due lessées		13.7
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	6400 Reister		-				St. Meinra	
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	O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT	Records		ADDRESS	
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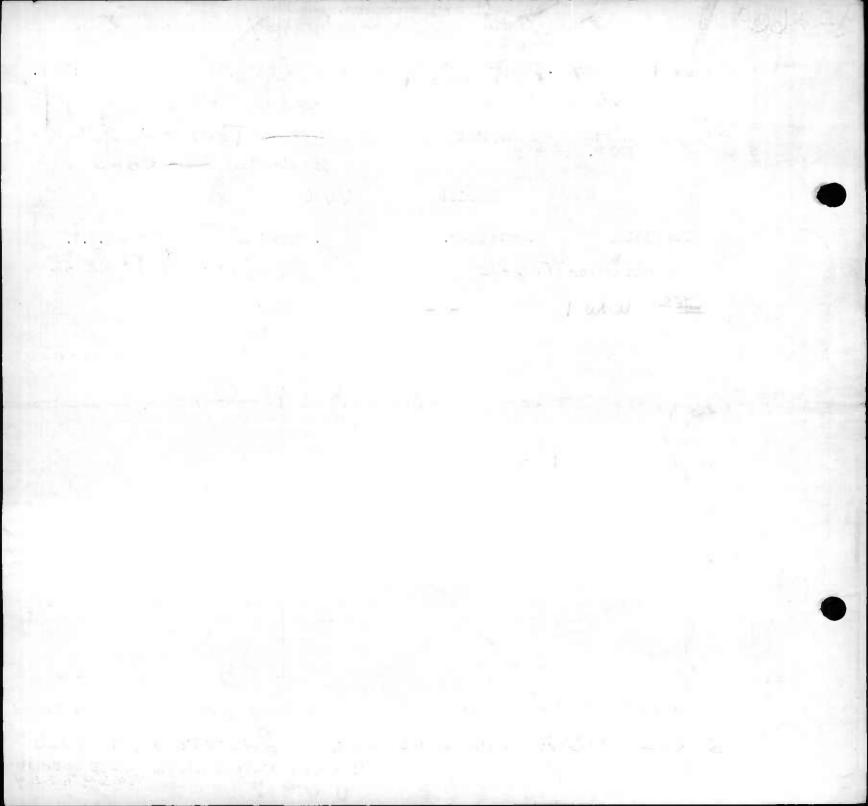
BALTIMORE CITY HEALTH DEPARTMENT

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	Ode11		Colby			7/66 6:50 p.
PLACE IN BALTIA	MORE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Whe A. STATE Maryla	B. CO	stitution: residence before odmi UNTY
TULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU (TION)	TION, GIVE STREET	C. CITY OR TOWN (If out	side carporote limits, wri	te RURAL and give township)
)				D. STREET ADDRESS (If ru		11-00
	741 W. Fran			741 V		
female 6	colored		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday) 55	Months Days Hours
	orking life, even if retired)	108. KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		11200		14. MOTHER'S MAIDEN NA	ME	
	EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	Wm Boom	1734 &	Bourds Al
1B. ///	2 V 1		CAUS	E OF DEATH		INTERVAL BETW
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TO THE D	IFICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING	LATED TO T	NG HE			
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0		21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City,	give exact lacotion)
21 A. EXTERNAL UNDERLYING	OR CONTRIB-	etc.)	, 10111, 100101, 311001,	omce diag., INJURI OCCUR:		
21 A. EXTERNAL UNDERLYING UTING CAUSI 21D TIME OF INJURY	OR CONTRIB-	etc.)	1E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
21 A, EXTERNAL UNDERLYING CAUSI	OR CONTRIB- E OF DEATH.	r) (Haur) 2	TE. INJURY OCCURRED		IJURY OCCUR?	
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	00 0000	BALTIMORE CITY	HEALTH DEPARTMENT	1			
	TH NO. 66 0069	CERTIFICA	TE OF DEATH	Registered No.	6 00698		
1. N	E CASE NO.		2. DATE AND	HOUR OF DEATH			
	Henry M. Yeage	er	1/20/66 6:15 A. M. [4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
	FULL NAME OF (If not in hospital or institution HOSPITAL OR oddless or location)	Maryland C. CITY OR TOWN (If outside	21204	Ball			
7	Church Home & Hos	spital	Baltimore D. STREET ADDRESS (If run		1 100 11		
7	100 N. Broadway	554 Picadilly Street ROAD					
5. 5		ED, NEVER MARRIED WED, DIVORCED (specify) Married		AGE (In years t birthdoy) 70	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.		
	LUSUAL OCCUPATION (Give kind of work 10B, KIND de during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?		
		tal Lab.	N. Carolin	a	U.S.A.		
	Ma rtin Luther YEAGE				UFFINGTON		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no_or_unknown (If yes, give wor or dotes of service	1 6. SOCIAL	17. INFORMANT		ADDRESS		
	MES WWI	216-32-8586	Self				
	DISEASE OR CONDITION DIRECTLY		INTERVAL BETWEEN ONSET AND DEATH				
	LEADING TO DEATH (This does not mean the mode of dying, e	MINUTES					
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES (A) ASPHYXIA DUE TO DUE TO (B) RESPIRATORY PARALYSIS TYEAR DUE TO						
	ANTECEDENT CAUSES	(B) RE.	SPIRALORY F	PARA LYSIS	TYEAR		
	DISEASES OR CONDITIONS, if any, giv						
	rise to the above couse (A) stating UNDERLYTNG CONDITION last.	the (C) A my	OIROPIC LAI	ERAL	TYEAR		
	TISE TO THE above couse (A) stating the UNDERLYING CONDITION last. (C) AMYOTROPIC LATERAL TYEAR UNDERLYING CONDITION last.						
ATION	Z OTHER SIGNIFICANT CONDITIONS CONTRIBITING						
ERTIFIC/	194 DATE OF OPERATION 198 CONDITION FO	OR WHICH OPERATION		20 B. IF YES, WERE FI IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?		
AL C	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Bottimore	City, give exoct locotion!		
EDIC		21E, INJURY OCCURRED	21 F. HOW DID INJUR	Y OCCUR?			
8	OF INJURY (APPROXI	While At Not While At Work					
	22. I certify that (I) (this hospital) attende			65 to 1-	20 1966		
	that (I) (we) last sow the deceased alive a	1 - 0			ion deoth accurred an the da		
	and haur and from the causes stated above	o. (1) (We) (did) (did ngt) v					
	23A. SIGNATURE				23B, DATE SIGNED		
	Ephraim B. Barz	aga M.D. Atte		off ny s,	1-20-66		
	NAME (Typel	_	23D. ADDRESS		T 1 0 . +		
24/	EPHRAIM B. BARZ, A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 240	A G A	MATORY 24D. LOC	ATION (City	TAL-BALTO. 31 7. (, town, or county) (State)		
L	BURIAL 1-22-66	LARRAINE (PARK BA	ALTIMOR	E MARYLAND		
25/	JAN 21 1966 P. C. P. 2 3	NE OF REGISTRAR	25C. FUNERAL DIRECTOR	OOKS TOUSO	E MARYLAND NOSTYURK N TOWNMD2120		
VS	150-REV. 1/1/65	Calley H.A	00697		100000,110212		
		and the same	2 2 25				



(4) Undetermined cause; contributing death direct IMPORTANT any Also, 0 fracture DIRECTOR: examiner. (3) medical medical FUNERAL (2) Body 0 by the to the hospital nature; approved

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BALTIMORE CITY HEALTH DEPARTMENT 66 00699 Registered No. C. D. C.O.C. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) JANUARY OKENCE 4. USUAL RESIDENCE (Where deceosed lived. If institution; residence MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location C. CITY OR TOWN (If outside city limits, write RURAL and give township) UNIVERSITY (If rural, give location) W. FAYETTE is made. If Under 1 Yr. Months: Days 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 24 Hrs. Hours Min. Hours WIDOWED, DIVORCED (specify) last birthday) WIDOWER IGA. USUAL OCCUPATIONTGIVE kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? final disposition done during most of working life, even if retired) USA nknown LOWA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO. Medical Care 18, 10 CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not meon the mode of dying, e.g., embal heart failure, asthenia, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, rise to the obove cause (A) stoling the before the remains UNDERLYING CONDITION lost, 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, larm, factory, street, affice bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Baltimore City, give exact lacation) CAL DEATH (natily medical examined etc. MEDI obtained 21 D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work -Janusmy 22. I certify that (+) (this hospital) attended the deceased from RUNS pe that (f) (we) lost sow the deceased alive on ... and that in (my) (our) opinion death occurred on the date must and hour and from the causes stated abave. (We) (did) (did not) view the body after death. 234. SIGNATURE 23B. DATE SIGNED Attending Med. Staff M.D. Phys. Director approval 23D. ADDRESS 23C. PHYSICIAN'S NAME Type M.D. University 152/1/more nthur Iraum or CREMATORY BURIAL CREMATION, 24C. NAME of CEMETERY REMOVAL (Specily) written DEPT. 25B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS

TO THERE ST. -58 : 1131 Leally COMOCIA MADY THE Jours USA JAMES TURNER Almey Travell Maked Con Char generalized Milmorian & My you all the same to prove to University Hospital, Better ... Arthur W Trown

24A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65

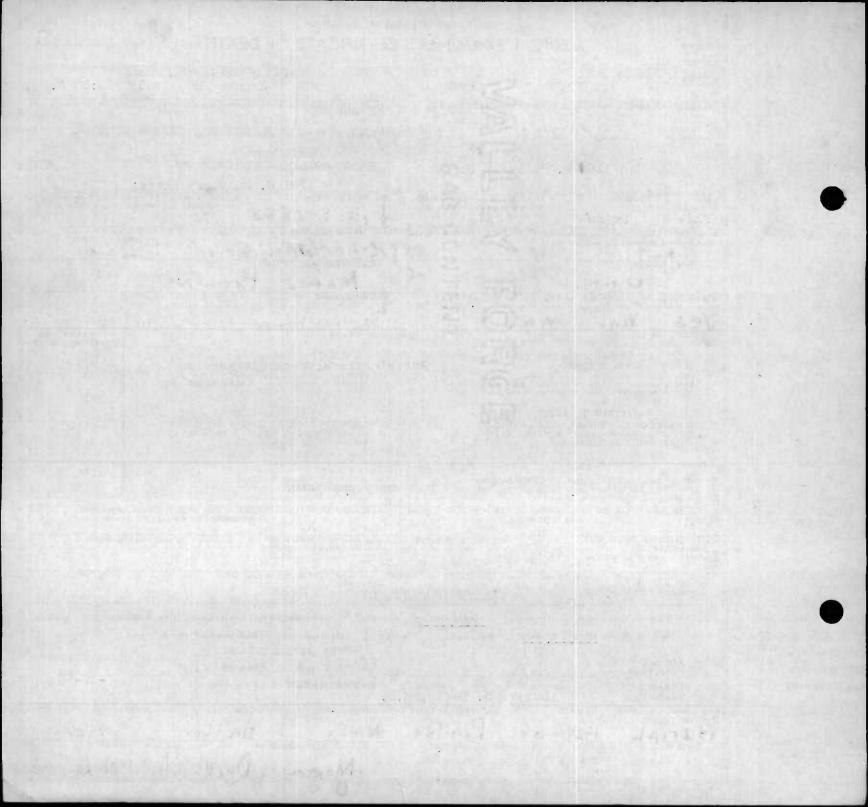
24B, NAME OF REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT 66 09700 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 16 00700 BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR PRONOUNCED DEAD I. NAME OF DECEASED (Type or Print) BENJAMIN BROWN January 20, 1966 10:30 A. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurol, give location) 1200 W. Mulberry Street 1201 W. Mulberry Street 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 6. RACE 7. MARRIED, NEVER MARRIED 5. SEX Months, Doys, Hours, Min. WIDOWED, DIVORCED (specify) Male Negro 10A. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE 12. CITIZEN OF foreign country) WHAT COUNTRY? done during most of working life, even if retired) AMOTESVIlle VA. U.S.A. RET. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME UNK. row N ADDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 7. INFORMANT (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO. WW W. Mulberry CYES 1201 INTERVAL BETWEEN 1B, CAUSE OF DEATH 15 oc. 1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular (This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO disease ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Pulmonary emphysema TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 198, CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? EDICAL 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D TIME OF INJURY (Doy) WHILE AT NOT WHILE (APPROX.) Autopsy I certify that I held on Inquiry Inspection ond that on this basis, death in my opinion Homicide Undetermined monner resulted from: Notural causes K Accident/ Suicide CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 1 - 20 - 66ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Petty, M.D. 23A, BURIAL CREMATION, 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (Stote) 23B. DATE (City, town, or county) REMOVAL (Specify) a

24C. FUNERAL DIRECTOR

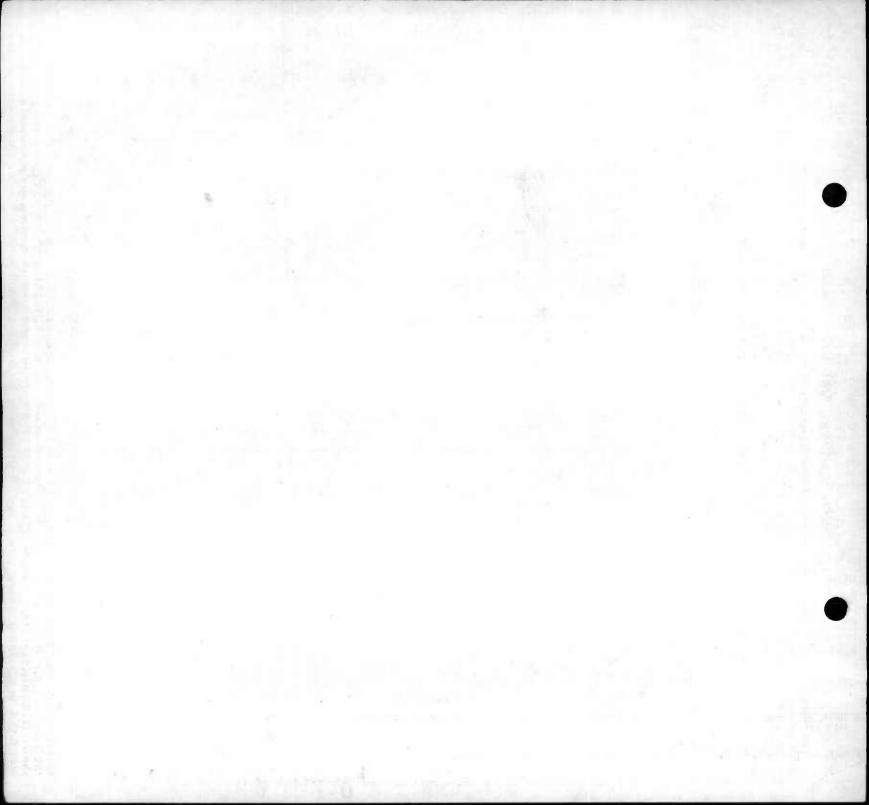
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-	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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BALTIMORE C	CITY HEALTH DEPARTMENT
MRTH NO. 66 00701 CERTIFIC	CATE OF DEATH Registered No.
M.E. CASE NO. 1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Tunn on Brind)	19 19/6/ +
3. PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission
	A, STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	MD 19-06
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
\ \	BALTIMORE CITY
7 MERCY HOSPITAL	D. STREET ADDRESS (If rurol, give location)
TIERCY	604 S. FULTON AVE.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs
WIDOWED, DIVORCED (specify)	lost highday Monthsi Doys Hours Min.
F NEGRO MARRIED	8-25-1908 57
IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	BUTHARE MO 11 CA
Housings Home	14. MOTHER'S MAIDEN NAME
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MAHIAN TURNER	SARAH WRIGHT
5. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	14 0 1 /2/11 5 -11 4
NO	MONROE Brown 604 S. Falton Av
IB. A CO I A CAUSI	E OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LYOCARDIAL INFARCT Approx, I a
tinis does not mean the mode of dying, e.g., DUE TO	TUOK RIVIRIA DINI INDI INDI INDI
heart failure, osthenio, etc. It meons the diseose, injury or complication which caused death.)	
ANTECEDENT CAUSES OUE TO	YPERTENSIVE & ARTER SCLEROTIC CARDIOVASC YEARS
DISEASES OR CONDITIONS, if any, giving	CONTRACTOR CARRIAGO VACOS
rise to the above cause (A) stating the (C) 10	SCIEROTIC CARDIOVASCITEGIS
5	ISEASE
Z CONTRACTOR CONTRACTOR	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	mallitus (101111 Tukon
DISEASE OR CONDITION CAUSING IT.	mellitus, SIGMOID LUMOR
19A. DATE OF OPERATION WAS PERFORMED TUMOR	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
=112-23-66 SIGMOID IUMOR	No
OR CONTRIBUTING CAUSE OF	.g., in or obout 21°C. WHERE DID (If in Baltimore City, give exact location)
DEATH (notify medical examiner) etc.)	, once stage, majorit o death.
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJUSY	While
(APPROX.) Work At W	on the
22. I certify that (I) (this haspital) attended the deceased from	DFC 22 1965 to JAN 19 1966
that (I) (we) lost sow the deceased alive on	ond that in (my) (aur) opinion death occurred on the do
and hour and from the causes stated above. (1) (We) (did) (dld no	t) view the body ofter deoth.
23A. SIGNATURE	23B. DATE SIGNED
Mary Jim Ratner MO M.D.	Attending Med. Director Phys. Stoff Phys. Stoff
	Phys. Director Phys. 23D. ADDRESS
23C. PHYSICIAN'S NAME (Type)	11
M	OF MERCY HOSP BOX 98
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION (City, lown, or county) (Stote)
REMOVAL (Specify)	3011
DURIAL 1-11-66 191. HUD	GIN PAITE, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JAN 21 1966 Robert E. Janes	Macron Dupit F. H. 1701 LAurens ST
VS 150-REV. 1/1/65	THE TANK OF THE PARTY OF THE PA
1 4 %	V / V V



the Deceased Such of death uo hospital eath ance cause; (5) cause ש attend Ξ. prior contributing occurred 0 (4) Undetermined regular Pou eceased death isposition Ξ 10 ŏ Mas the direct death 0 kind; final attendance any 10 pronounce Also, embalmed of fracture the chief medical examiner examiner. regular who are 4 (3) physician obtained before the remains Mas medical burns; physician dy the 0 Bo by 3 where to the hospital ° MEDICAL any nature; 9 (except ; and (6) approved pe of death) hospita ccident must 0 written approval 0 prior 0 Was p An D.O.A.

eceased

10

VS 150-REV. 1/1/65

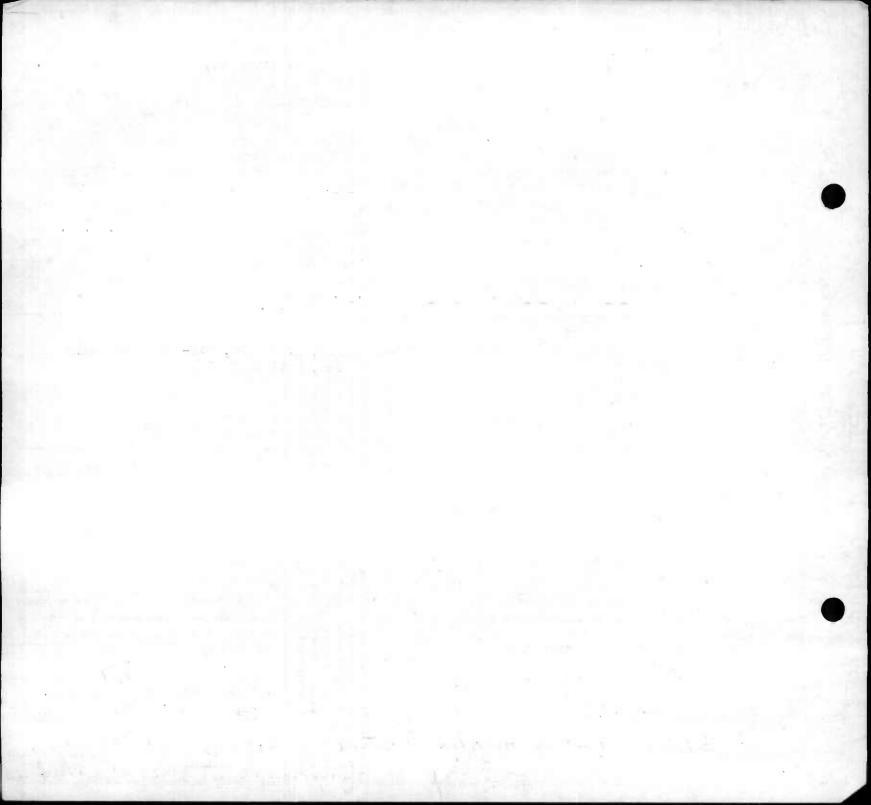
the body

shows:

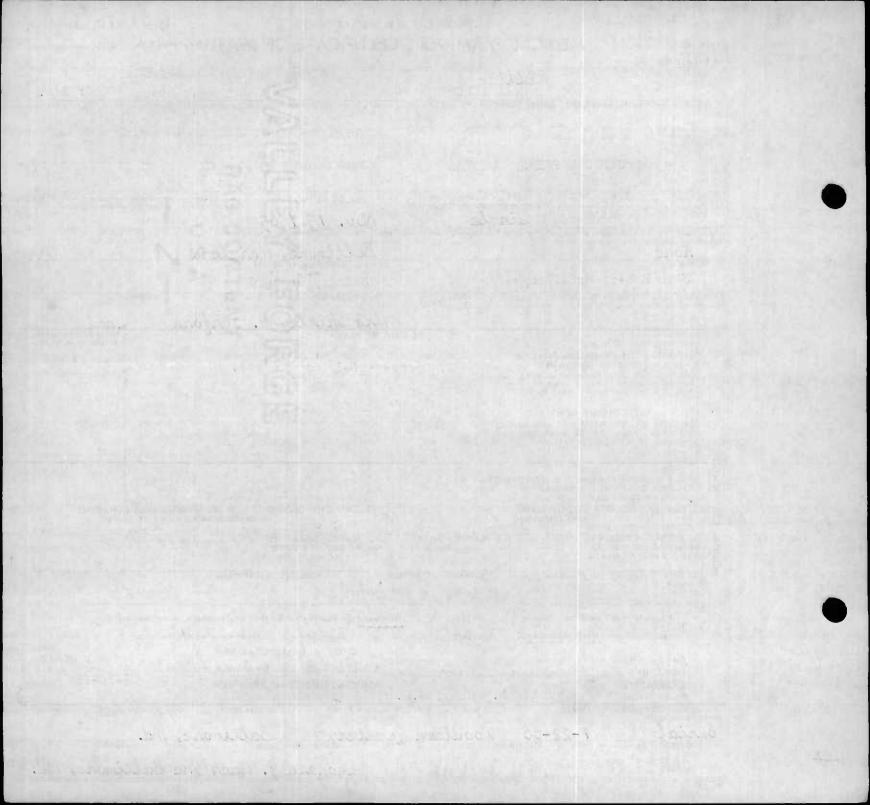
M ds

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Pant) MILLNER, Harrison Greely January 10, 1966 10:50 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) Pennsylvania (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Veterans Administration Hospital Philadelphia 3900 Loch Raven Blvd. D. STREET ADDRESS (If rurol, give location) Baltimore, Maryland 21218 2017 Rodman Street 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. 5. SEX If Under 1 Yr. lost bighdoy) WIDOWED, DIVORCED (specify) Months Doys Hours Male Negro 1-6-14 Divorced 16A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) North Carolina U. S. A. Ship Yard Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Nelson C. Millner Lucy Ann Broadnox 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dates of service)
Yes
1-3-44 to 9-6-45 V. A. Hospital, 3900 Loch Raven Blvd. Baltimore, Md. 21218 6. SOCIAL SECURITY NO. 5-01-3393 CAUSE OF DEATH INTERVAL BETWEEN 002.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Tuberculosis, pulmonary, Far-10 years (This daes not meen the made at dying, e.g., advanced, active heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING No Tuberculosis 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etc.l 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) At Work Work January January 10 22. I certify that (1)-(this haspital) attended the deceased fram January 10 and that in(my) (aur) apinian death accurred an the date that (1) (we) last saw the deceased alive an... and hour and from the causes stated above. (f) (We) (did) (Alt 30) view the body after death. 23A, SIGNATURE 238 DATE SIGNED Attending M.D. Med. Stoff Phys.

1/17/66 23 C. PHYSICIAN'S 23D. ADDRESS VA Hospital 3900 Loch Raven Blvd. NAME (Type M.D. DONALD H. HOOKER Baltimore, Maryland 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) But RECD BY HEALTH DEPT. Camatary CAFOLINA 25B. NAME OF REGISTRAR 1-23-66 25C. FUNERAL DIRECTO 1701 Laurens Funil Home



BIRT	H NO. 650	8412 MEI		SALTIMORE CITY HEA					0710	
M.I	CASE NO.	741	NOAL L	O TIMILITER O	LKIIICA					
1. 1	NAME OF DEC	EASED	Willia	m		2. DATE ANI	D HOUR PRONOUNC	ED DEAD		
(I y	oe ar Print)	ROBI	ERT McCUI			Jan	uary 20, 19	66	10:25	A.M.
3. F	LACE IN BALT	IMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESID		deceased lived. If inst	itution: resid		
HO	L NAME OF	(IF NOT IN HOSP ADDRESS OR LO	ITAL OR INSTITU	JTION, GIVE STREET	M	Saryland		13	nd give townsh	nip)
11/1/2	TITUTION				В	altimor	e	572	-00	
3		JOHNS HO	PKINS HOS	PITAL	D. STREET ADD	RESS (If rurol,	give location)			
					4	308 Bel:	mar Avenue			
5. S	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRT	Н	9. AGE (In years last birthdoy)	If Under	1 Yr. II Unde Days : Haurs	r 24 Hrs.
	Male	White	Aino	DIVORCED(specify)	Nov. 14	1065		2	dys i naurs	i wiin.
10A	USUAL OCCU	JPATION (Give kind of w	ark TOB KIND	F BUSINESS OR INDUST	RY 11. BIRTHPLACE	5, 1965 (State or loteig	n country)	12. CITIZE		i
	during most of v	vorking life, even if retired			011.	AA	1 1	WHA	T COUNTRY?	115/
13.	none	Ē			14. MOTHER'S AM		aryland			USH
		Robert McCul	lough		777	Sanfor				
		O EVER IN U.S. ARM		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS		
	,	, o o , g o o . o . o	3.03 0. 3000.		May Shi	rley A.	Contond			
-	1B. /			CAUS		ney 11.	Jangona	- 1	INTERVAL BE	TWEEN
	9 %	9/1		CAO	e or beam				ONSET AND	DEATH
	DISEAS	E OR CONDITION LEADING TO DEA		Tnton	stitial Pn	aumonit	ic			
	(This does r	ot mean the made asthenia, etc. It med	of dying, e.g.,	DUE TO	SCILIAL III	ieniiottic	T.D.			
	injury ar cor	nplication which couse	d death.)							
	^	NTECENDENT CAU	CEC					200		
: /		OR CONDITIONS, IF		(B)DUE TO						
		E ABOVE CAUSE (A)								
Z	01100110111		•	(C)					***************************************	
CERTIFICATION		II								
S		DEATH BUT NOT								
표	DISEASE OF	R CONDITION CAUSI								
ER	19A. DATE OF		ERFORMED	WHICH OPERATION			208, IF YES, WERE FI			
	and the second				Yes					-94
EDICAL	UNDERLYING	OR CONTRIB-	21 & hame	PLACE OF INJURY (e.g.	, in ar about 21C. \ affice bidg., INJUR	WHERE DID	(If in Boltimare City, gi	ve exact lo	cation)	
ED	UTING CAU	SE OF DEATH.	etc.)							
Σ	21 D TIME	(Month) (Doy) (Y	eor) (Hour) 2	TE. INJURY OCCURRED	21 F. H	OW DID INJU	JRY OCCUR?			
	(APPROX.)		m.	WHILE AT NOT	WHILE WORK					
7	22.	ify that I held an	Inquiry 🗌	Inspection A	utapsy 🙀 an	d that on thi	s basis, death in n	ny apiniar	1	
	resul	ted fram: Natural	auses X	Accident 🗌 / Suici	de Hamici	ide 🗌 👢	Indetermined mann	er _		
			/		CHIEF M	EDICAL EX	AMINER _		DATECIO	NED
	SIGNAT		harles)	Teller 41	ASSISTANT M	EDICAL EX	AMINER X		DATE SIC	MED
	EXAMIN	ER'S	7		ASSOCIATE N			1	-20-66	
	NAME (Type) Ch	arles S.	Petty, M.D.						
	OVAL (Specify		23	C. NAME of CEMETERY	or CREMATORY	23 D. L	OCATION (City,	, town, or c	county) ((State)
1	III i a		2-66	Wasdland	ama # = =	P	14:	MJ		
24/	DATE REC'D		248. NAME	OF REGISTRAR	emetery 24C. RUNER	AL DIRECTOR	altimore,	A	DDRESS	
	IAN	1 1000 0		No.	,	10	0 1 0	01.		10 1
	JAN Z	1 1966 P.C	. J. B. C	Bellevi Hot	Leon	ard y.	Ruck Inc	Dalt	umore,	Md.
100	1 51 DEM 1/1/	4.6	1 1		1 1 1					



use of death (5) Deceased

hospital

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BIRTH NO.

MEDI

MOS

OF INJURY

(Month) (Doy) (Year)

(Hour)

DTIEICATE OF DEATH

	2 DATE	AND HOUR	OF DEATH

	4.00	1200	r Cr. A	
D HOUR OF	DEATH			
ARY 20.	1966		11:00 A	

WHAT COUNTRY?

23 B. DATE SIGNED

USA

INTERVAL BETWEEN

Registered No.

M.E. CASE NO.	MIIICAIL OI DLAIII
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) LOLLI, LORENZO	JANUARY 20, 1966 11:00 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A, STATE B. COUNTY
FINE MANAGOR - Microsite Leveled as institution of the second	Maryland

HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION

VETERANS ADMINISTRATION HOSPITAL Baltimore #12 D. STREET ADDRESS (If rurol, give location) 3900 Loch Raven Boulevard

Baltimore, Maryland 5509 Hillen Road 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 6. RACE 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) tost birthdoy Months Doys Hours Male White Married 12. CITIZEN OF

10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) done during most of working life, even if retired)

Italy Bricklaver Construction 13. FATHER'S NAME

21E, INJURY OCCURRED

While At

14. MOTHER'S MAIDEN NAME Mary Signore De Signore Dominic Lolli

5. Was Docoased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL 3900 Loch Raven Blvd. (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 213-05-94-87 Baltimore, Md. 21218 5/29/18 - 6VA Hospital Records Yes

CAUSE OF DEATH

ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bronchogenic Carcinoma of Lung 5 years (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION IOSI.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED

Not While

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact facation) DEATH (notify medical examiner etc.

(APPROX.) At Work November 28th January 20th 22. I certify that (1) (this hospital) attended the deceased from ...

January 20th 19 66 and that in (hy) (our) opinion death occurred on the date that (1) (we) lost sow the deceased alive on and hour and from the couses stated above. (1) (We) (did) (and for) view the body after death. 23A. SIGN AT URE

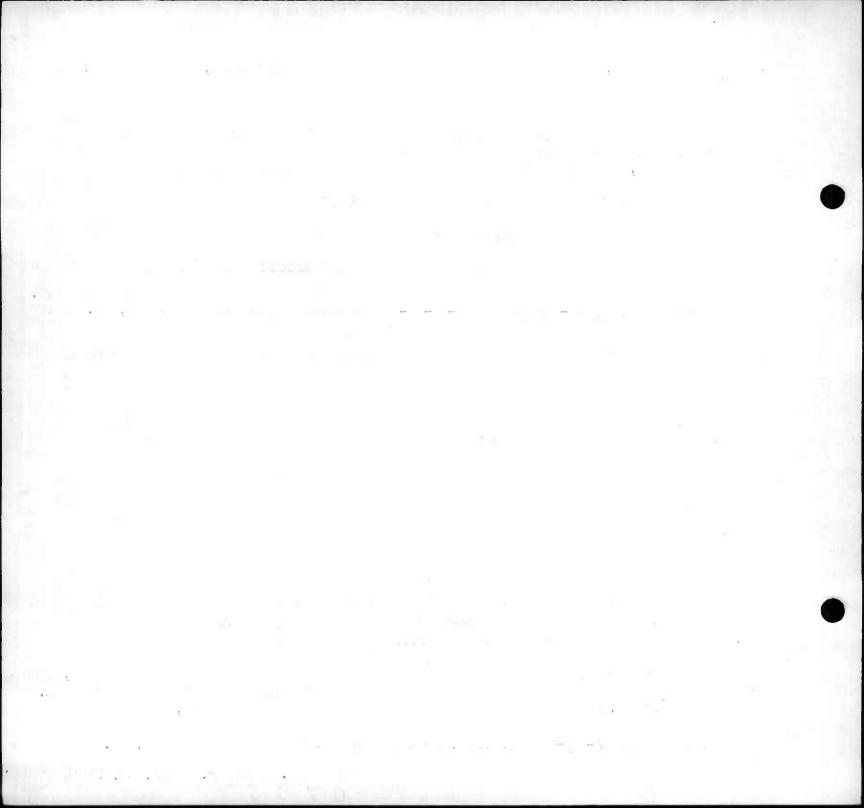
21 F. HOW DID INJURY OCCUR?

Attending Phys. Carr January 20, 1966 Director 23 C. PHYSICIAN'S 23D. ADDRESS 3900 Loch Raven Blvd. VA Hospital NAME (Type)

WILLIAM B. JOY Baltimore, Maryland 21218 M.D. 24A. BURIAL CREMATION 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)

REMOVAL (Specify) Loraaine Park Mausoleum Baltimore, Md. entombment

25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck Inc. Balto. Md. 21214 VS 150-REV. 1/1/65



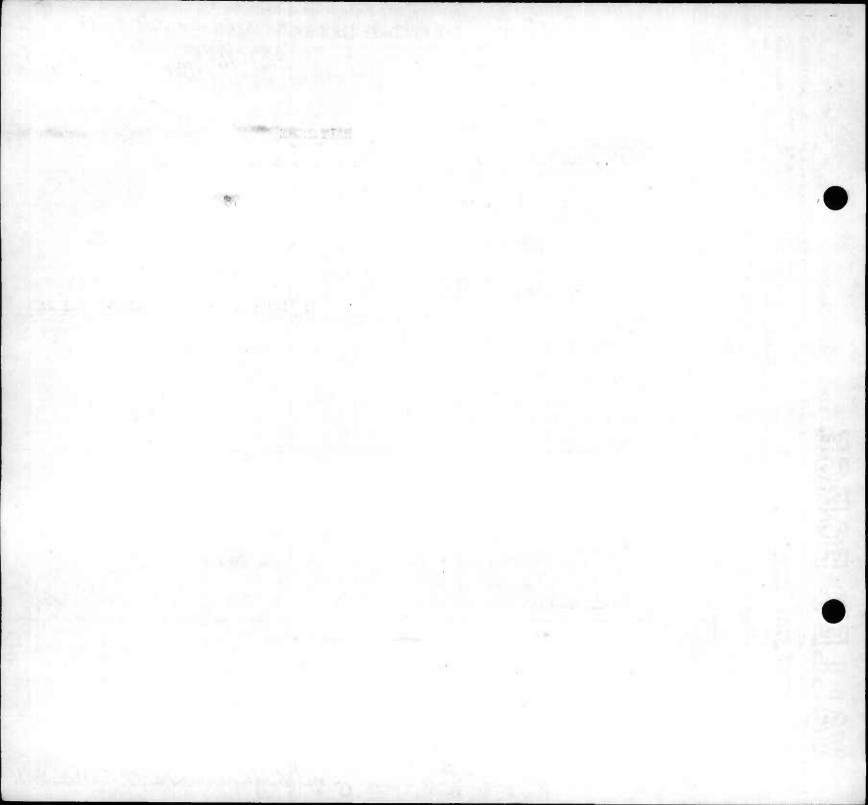
IMPORTANT

DIRECTOR:

FUNERAL

by

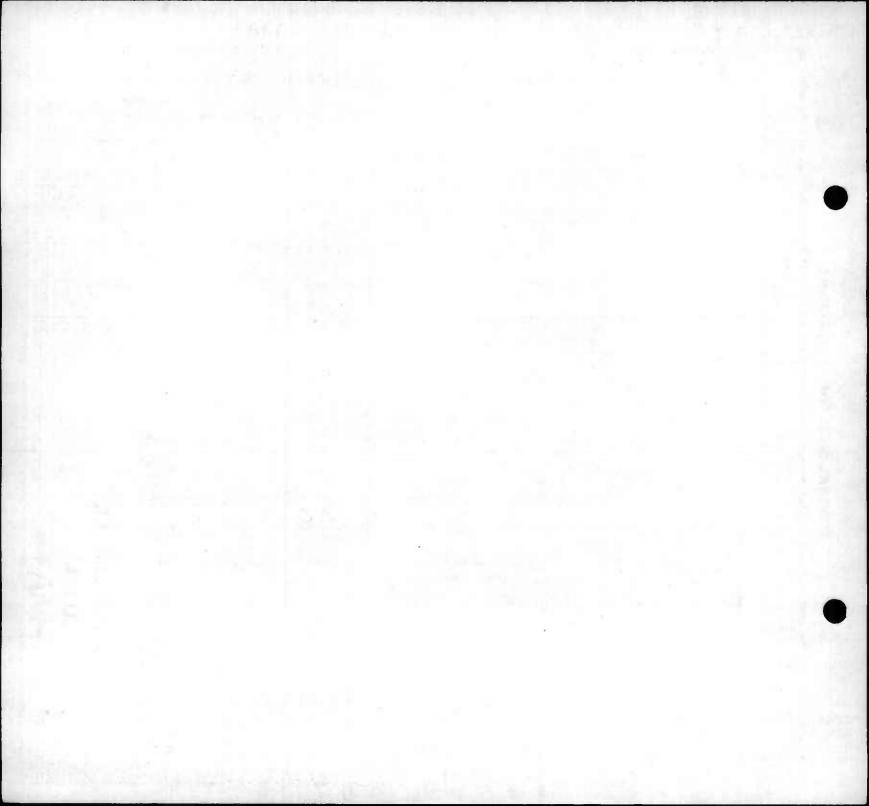
BALTIMORE CITY HEALTH DEPARTMENT



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	Y HEALTH DEPARTMENT	
BIRTH NO. 66 01	0706 CERTIFICA	TE OF DEATH Registered No.	9-0-1706
M.E. CASE NO.			
(Type or Print)	ick, Mary	2. DATE AND HOUR OF DEATH	10,1966 5 50 AM.
3. PLACE OF DEATH IN BALTIMORE, MAR	LAND	4. USUAL RESIDENCE (Where deceased lived. If in:	stitution: residence before admission)
FILL MANE OF THE SECTION OF		Mp Politimore	- (d
HOSPITAL OR address or location)	institution, give street	C. CITY OR TOWN (If outside city limits, write R	URAL one give township)
INSTITUTION	1 (Bultimore	52-00
University	Hospital	D. STREET ADDRESS (If rurol, give location)	
10		6720 Pars Ave #	15
5. SEX 6. RACE / 7	. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
FW	Married (specify)	2/23/02 lost birthdoys	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work)		1 2	12. CITIZEN OF
done during most of working life, even if retired)		7	WHAT COUNTRY?
- organistics		5	AZO
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
7		3	
15. Was Deceased Ever in U. S. Armed Force		17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes	of service) SECURITY NO.	Husband, 6720 Pa	M Ave 15H
18.605 / 1		DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE LEADING TO DEATH	CTLY	My dratim	3 160
(This does not mean the mode of	dying, e.g., DUE TO	vere Dehydrotion Tadeler Calculi	300
heart foilure, asthenia, etc. 11 means t	he diseose,	codder Colente	
injury or complication which coused of	deoth.)	Controllie	
ANTECEDENT CAUSES	DUE TO	temorrhapic appliers of	210/00 110 110
DISEASES OR CONDITIONS, if of	4 41	demost water distances of	you up were
rise to the obove couse (A) : UNDERLYING CONDITION tost.	sloling line (C)		
OTHER SIGNIFICANT CONDITIONS CO			
TO THE DEATH SUT NOT RELATED DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. COND	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE F	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. COND) RIVIED	NO IN CERTIFYING CAL	JOES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, c	omice plag., INJURT OCCUR?	
O 21 D. TIME (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	White At Not Whi		
(APPROX.)	Work At Work		
22. I certify that (I) (this hospital)	attended the deceased fram	January 1 19 66 10 Le	muery 21 1966.
that (I) (we) last saw the deceased	alive an dance	71: 11	nian death accurred an the date
			and the date
and haur and from the causes state 23A. SIGNATURE	d dbdve. (i) (me) (did) (did not)	view the bady after death.	23B. DATE SIGNED
237.3101.2	M.D. Att	tending Med. Stoff	238. DATE SIGNED
Lotion Jo	udener Ph	ys. Director Phys.	12/66
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
RALPH GA	ARDENER M.D.	BOOZ St. Paul	C. Baltimore M&
24A BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CR	EMATORY 24D CATION (Cit	y, town, or coupty) (Stote)
DELLE (Specily)	11111		Guli
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR.	/25C. FUNERAL DIRECTOR	/mq
IAM OT 4000 A -	4 40 4 /	JESC. FOREKAL DIRECTOR	P. ADDRESS
JAN 21 19pp (15.000)	- 8 da la MA	Jank / Jule,	Melsette mas
VS 150-REV. 1/1/65	4 0 0 0	0 / 0 2	



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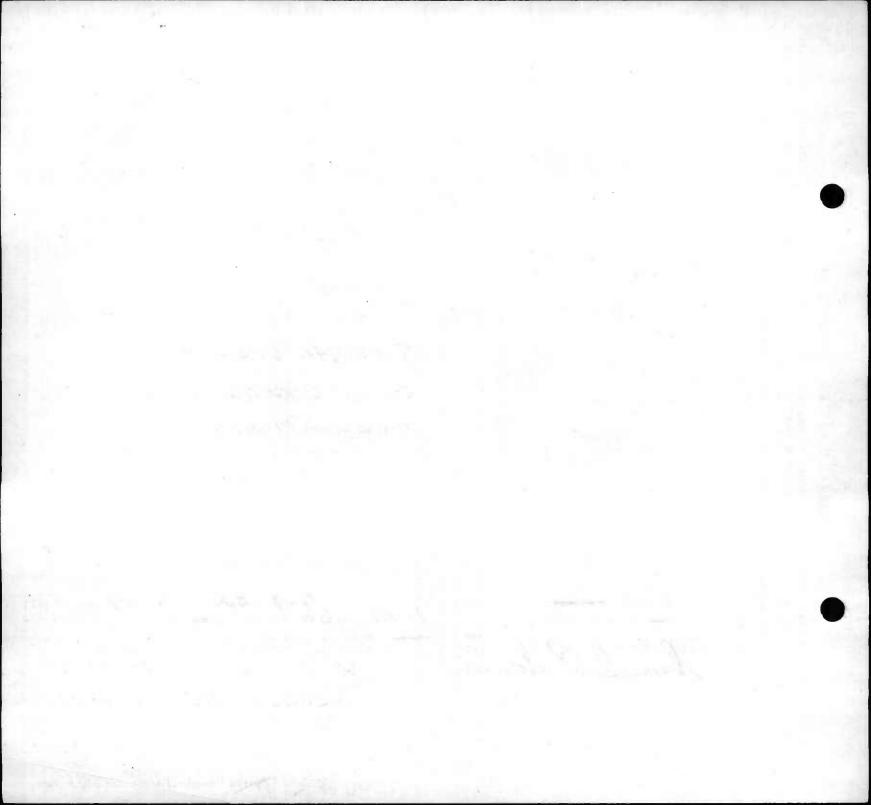
				BALTIMORE CIT	HEALTH DEPARTM			
	BIRTH NO.	£163 (10707	CERTIFICA	TE OF DEA	TH Registered No	.66 nn7	17
	M.E. CASE NO.				2. 0	DATE AND HOUR OF DEATH	Н	
	(Type or Print)	James Rob	ert Wilev			January 18, 19	966	11:59 A.M.
	3. PLACE OF DEAT	H IN BALTIMORE, MA	RYLAND			CE (Where deceased lived. If	institution: residenc	e before odmissian)
	FULL NAME OF	(If nat in hospital	as institution and	street	Md.	Baltimore		
	HOSPITAL OR	address or tocotion		street	C. CITY OR TOWN	(If outside city limits, write	RURAL ond give	township)
ļ	14311011014				Pikesvi		53	00
	()	Sinai Hos	pital		D. STREET ADDRESS			
0			Lo ma doo m		Timber	lane. Park Heigh	nts	
made	5. S EX 6	S. RACE	7. MARRIED, NE		B. DATE OF BIRTH	9. AGE (In years tost birthday)	If Under 1 Yr. Months: Doys	If Under 24 Hrs.
E	Male	White	Marri	DIVORCED (specify) 유럽	Sept.17,19		Williams; Doys	Mill.
	IOA. USUAL OCCUP	PATION (Give kind of work			11. BIRTHPLACE (Stot	e or foreign country)	12. CITIZEN OI	F
0	done during most of we	orking life, even if retired)	Mrs. Alle	n Wurtzburg	er Calvert	CoMd.	WHAT CO	
disposition	13. FATHER'S NAM		11100111110	11 1101 911001 5	14. MOTHER'S MAIL			
od								
dis	Josep	h Wiley Ver in U. S. Armed For			Cora	Smith		
	(Yes, no or unknown)	If yes, give wor or dote	s of service)	SECURITY NO.	17. INFORMANT			Tile 8, Md.
final	No	None	2	20-22-8860	Mrs. Ella	Grace Wiley, Tim	berlane, Pa	rk Heights
0	18.4.00	, / 1		CAUSE	F DEATH			AL BETWEEN
		OR CONDITION DIR	ECTLY		0 –		ONSET	/
E		EADING TO DEATH t mean the mode of	dvina o a	(A) My	ocardial I	infare tion	one	hour
balmed	heart foilure, a	sthenio, etc. It means	the disease,	DUE 10 77	irombosis?			
emp		lication which caused	deolh,)	4.00	\ <u>\</u>			
		NTECEDENT CAUSES		(B)		0 MM M 0 M 0 0 0 0 0 0 0 0 0 0 0 0 0 0		-
are		obove couse (A)		(C)	\ (X	
		CONDITION last.			/			H H G H H H H H H G H G H H H H G G G G
remains		- 11		After about	et ventricul	ar fibrillation, 164 Dr. Banksat		j
E O	OTHER SIGNIFI	CANT CONDITIONS CATH BUT NOT RELA	ONTRIBUTING	was promoune	rel decrused	164 Dr. Banksat	OHE	hour
9	A DISEASE OR C	ONDITION CAUSING I	т	Sinai H	uspital			
the	E ISA. DATE OF	OPERATION 198. CON	DITION FOR WHI	ICH OPERATION	20A. AUTOPSY? (T	es or No. 208. IF YES, WERE IN CERTIFYING C	FINDINGS CONS AUSES OF DEATH	IDERED ?
0	U 21A ACCIDENT	WAS UNDERLYING	218 81	ACE OF INITION	100		ore City, give exoct	
before	OR CONTRIBUT	ING CAUST OF	home,	form, foctory, street, o	n or obout 21C. WHER	CUR?	ore City, give exoci	(IOCOMON)
	ū	medical examine						
ained	OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E, IN	At Not Whi		DID INJURY OCCUR?		
air	(APPROX.)		Work	At Work				, ,
obt	22. I certify t	hat (1) (this hospit al) attended the	deceased fram		5/1/1964 10		18/19 66.
0	that (1) (we) 1	ast saw the decease	d alive an		2/13/19 65	and that in (my) (aur) as	inion death occ	urred an the date
e +	and haur and	fram the causes stat	ed above. (I) (
must	23A. SIGNATUR	E 0000	1				23B. DATE SIGN	
	1200	all h. may	gest	M.D. Att	ending Med.	or Stoff Phys.	1/18/6	4
7	23C. PHYSICIAN				23D. ADDRESS	-6	6 0	
0.0	NAME (Typ	Gerald	N. de	usered M.D.	Pillesvil	le Medical Ces	ter Pike	esville Md.
approval	24A. BURIAL CREM	ATION, 248. DATE	24C. NAM	E of CEMETERY of CR			City, town, or count	/
	REMOVAL (Sp	ecify)						, value
tte	B urial	Jan. 21,	1966 Dru	uid Ridge Ce		Pikesville 8		Docce
written	IAN A	1 1000 A A	2 A T	A MAR	25C. FUNERAL D	1	11/02	DRESS
-	4.1 PH 18 7.	F FMDD /13 // 1	A 10 10 10 10 10 10 10 10 10 10 10 10 10	7 2 5	~ ICVPs 1 / 5/31 / // C	3 -A. 11/1/1/1/1/	11 111 1 11/11	1011/1/2

Francis K. S.

and the second Alter y best of a superiode to be the training of the state of the sta 02 /1/2 ST /4/47 Court N. Maggid Pitter He Madrid Conta Pile

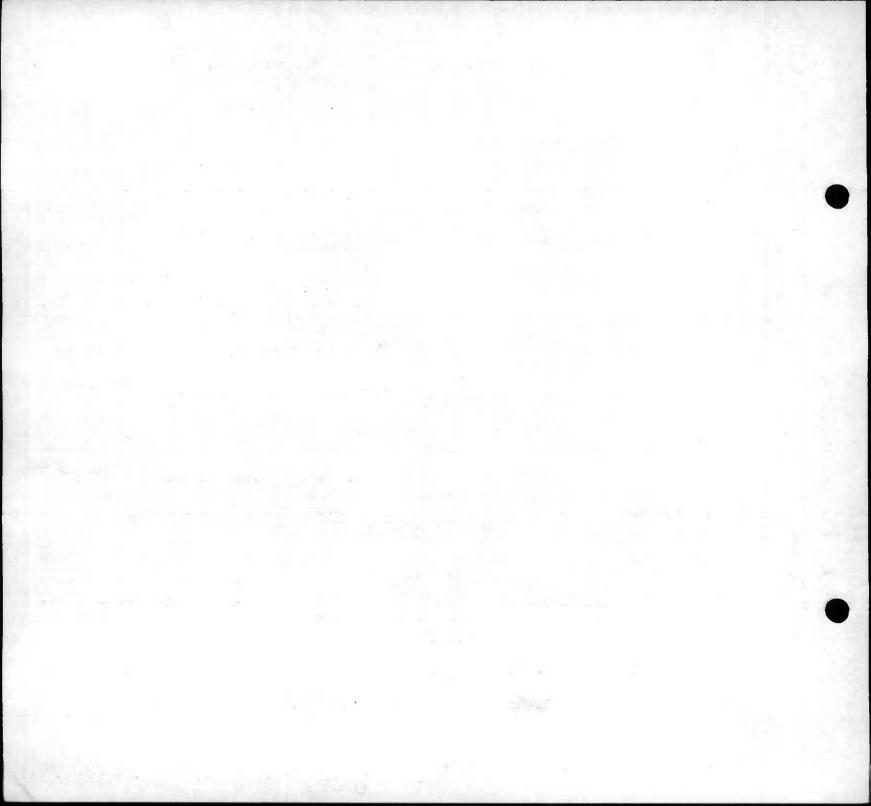
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

				BALTIMORE CIT	Y HEALTH DEP	ARTMENT	0	0 00000
	TH NO.	66 007	08	CERTIFICA	ATE OF E	DEATH	Registered No.	6 00708
1. N	AME OF DECEASE	mar.	· Cta	nesita		2. DATE AN	D HOUR OF DEATH	<u></u>
3. 1	PLACE OF DEATH I	N BALTIMORE, MARY		1200	4. USUAL RE	SIDENCE (WHere		stitution; residence before odmission)
l i	FULL NAME OF HOSPITAL OR	(If not in hospital a address or location)	institution, giv	e street	C. CITY OR T	OWN (If out	side city limits, write B	URAY and give township)
10	Notitution	0	/	41	Ba	Clemon		3
	105/2	Jan.	Avz. Be	eto 15- xg	D. STREET AL	2 Pars	urol, give locotion) AB2 - B3	elfo i Sul
5. S	EX 6. R/	ACE A 7		EVER MARRIED DIVORCEO (specify)	B. DATE OF B	RTH S	O. AGE (In years ost birthdoy)	If Under 1 Yt. If Under 24 Hrs. Months Doys Hours Min.
			OB, KIND OF B	USINESS OR INDUSTR	Y 11. BIRTHPLA	CE (State or foreign	gn country)	12. CITIZEN OF
	during most of working	g life, even if refired)	110	me_	Aber	lean ?	markent	WHAT COUNTRY?
13.	TATHERS NAME	PR	2.6	. fi	14. MOTHER'S	MAIDEN NAM	AE AL	
15.	Was Deceased Ever	in U. S. Armed Force es, give wor or dotes	s? 1	6. SOCIAL SECURITY NO.	17. INFORMA	1 Con	D.	ADDRESS
	m	ww.		21201-1300	11165ASET	v P.	tousifu	menel
	DISEASE OF	CONDITION DIRE	CTLY	CAUSE	OP DEATH		D	ONSET AND DEATH
		DING TO DEATH	lying, e.g.,	(A) 72	RMING	12 01	BEMIA	
	hearl failure, asth	enia, elc. Il means 1 Iian which caused d	ne disease,	00	00140	CONCE	THE CALL	100
		CEDENT CAUSES		DUE TO	nuiyi C	LUIYGES	TIVE FAIL	GP.S.G
		ONDITIONS, if ar nove cause (A) s ONDITION tast.		(C) 140	RSESHO	E KIDI	457	
ATION	TO THE DEATH	II NT CONDITIONS CO BUT NOT RELAT DITION CAUSING IT.	ED TO THE	ARTERIOS	SCLERO	TIC H	ZART D	ISERSE
RTIFIC	19A. DATE OF OPE	WAS PERFO		IICH OPERATION	20 A. AUTO	PSY? (Yes or No)	20 B. IF YES, WERE F	INDINGS CONSIDERED JSES OF DEATH?
AL CE	21A. ACCIDENT WOR CONTRIBUTING			ACE OF INJURY (e.g., form, foctory, street,			(II in Boltimore	City, give exact location)
VEDIC	21D. TIME (Mo	nth) (Doy) (Year)		NJURY OCCURRED	21F.	LINI DID WOH	JRY OCCUR?	
8	(APPROX.)		While Work	Al Wor	k 📙	-		
		(I) (this hospital) saw the deceased		deceosed from			952 to	ian death accurred an the date
				(We) (did) (did)			ir in (my) (topo r) op in	nan death accurred an the date
	23A. SIGNATURE	000	Scal	la M.D. A	tending ys.	Med. Director	Stoll Phy s.	23B. DATE SIGNED 1-21-66
	23C. PHYSICIAN'S NAME (Type)	- · · / -		M.C	23D. ADDRESS	1 -1	DAVE.	PIKESUICCEMI
244	REMOVAL (Specil		24C. NAM	TE OF CEMETERY OF C			CATION CO	y, town, or county) (Stote)
25 A	Durial	1/25/6	SB. NAME OF	24 X 7 22 4 22 3	ZXZ	RAL DIRECTOR	WAXAXEK D	Woodlawn, Md.
	JAN 21	1966 10	5 8 Ja	Den Mat.	France	le HIX	worlly,	Sikwelle
VS	150-REV. 1/1/65		7 0	6 4	100 /	0 7	1	



FUNERAL DIRECTOR: IMPORTANI	PORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occ	is assistant if death oc
the body was released to the hospital by a medical examiner. Also, if the direct or contr	if the direct or cont
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undeterm	any kind; (4) Undeterr
was D.O.A. at a hospital (except where the physician who pronounced death was in regi	iced death was in re-
deceased prior to death); and (6) No physician was in regular attendance on the decease	ndance on the deceas
so the second second in the second	or dince directionis

EMMA JULIA SILLIK LACE OF DEATH IN BALTIMORE, MARYLAND	7 00 1000	0
EACE OF DEATH IN BALLIMORY MARIEAND	January 20, 1966	8
	A. STATE B. COUNTY	ice belove dom
ULL NAME OF (If not in haspital or institution, give street address or location)	Md. Baltimore C. CITY OR TOWN (If outside city limits, write RURAL and give	township)
NSTITUTION	Hork Road 53	-00
Haven Nursing Home	D. STREET ADDRESS (If rural, give lacotion)	
3939 Penhurst Avenue	Towson, Md.	
WIDOWED, DIVORCED (specify)	Jan. 29, 1880 9. AGE (In years If Under 1 Years) Jan. 29, 1880 85	Hours
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN C WHAT C	OF OUNTRY?
Housewife	Stephens City, Virginia	
	0 11	
	? L'Ampbell	necc
	INFORMANT : Son	C L
NO NONE		
	ONSE	T AND DEAT
LEADING TO DEATH	Cerebral thrombosis 10.	days
(This does not mean the made of dying, e.g., DUE TO		0
injury ar camplication which caused death.)	Anterior COS Dia Co. S. a Diago 20	yrs-
ANTECEDENT CAUSES (B) DUE TO	-11-100 Deerozes, yearros ga	<i>Q</i>
DISEASES OR CONDITIONS, if any, giving		
UNDERLYING CONDITION Iasi.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	5-6	00.10
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	und bouder precure	any s
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CON IN CERTIFYING CAUSES OF DEAT	ISIDERED H?
(hour	/NO	
OR CONTRIBUTING CAUSE OF home, form, factory, street,	office bldg., INJURY OCCUR?	CT TOCOMON)
The state of the s	21E. HOW DID INHURY OCCUR?	
OF INJURY While At Not W	hile	
Work At Wo		2/
A		
1/-		curred on th
ond haur and from the causes stated obave. (1) (West did (did not)	23B. DATE SIC	ONED
	tending ST Med. Staff	
M A D TO A D		() E () (c)
23C, PHYSICIAN'S	23D. ADDRESS	0, 196
Cowad Octo aus Do. A	23D. ADDRESS	7
23C. PHYSICIANS NAME (Type) CONRAD ACTON: M.E. S. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of C	23D. ADDRESS 2. 1208 St. Paul Street, Baltimo	re
23C. PHYSICIANS NAME (Type) CONRAD ACTON M.E REMOVAL (Specify) ACTON ACTON	23D. ADDRESS D. 1208 St. Paul Street, Baltimo REMATORY 24D. LOCATION (City, town, or cou	re
23C. PHYSICIANS NAME (Type) CONRAD ACTON: M.E. S. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of C	23D. ADDRESS 2. 1208 St. Paul Street, Baltimo REMATORY 24D. LOCATION (City, town, or could be compared to the country) 1 Cemetery Towson, Maryland	
1	Temale White Widow JUSUAL OCCUPATION (Give kind of work look, KIND OF BUSINESS OR INDUSTR Mousewife FATHER'S NAME Albert Bush Was Deceased Ever in U. S. Armed Forces? s,na arunknown) (Iff yes, give war or doles of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does nal mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTION CONTRI	Tows on, Md. 3939 Penhurst Avenue Tows on, Md. Jan. 29, 1880 S. Date of Birth 9. Age in years birting years

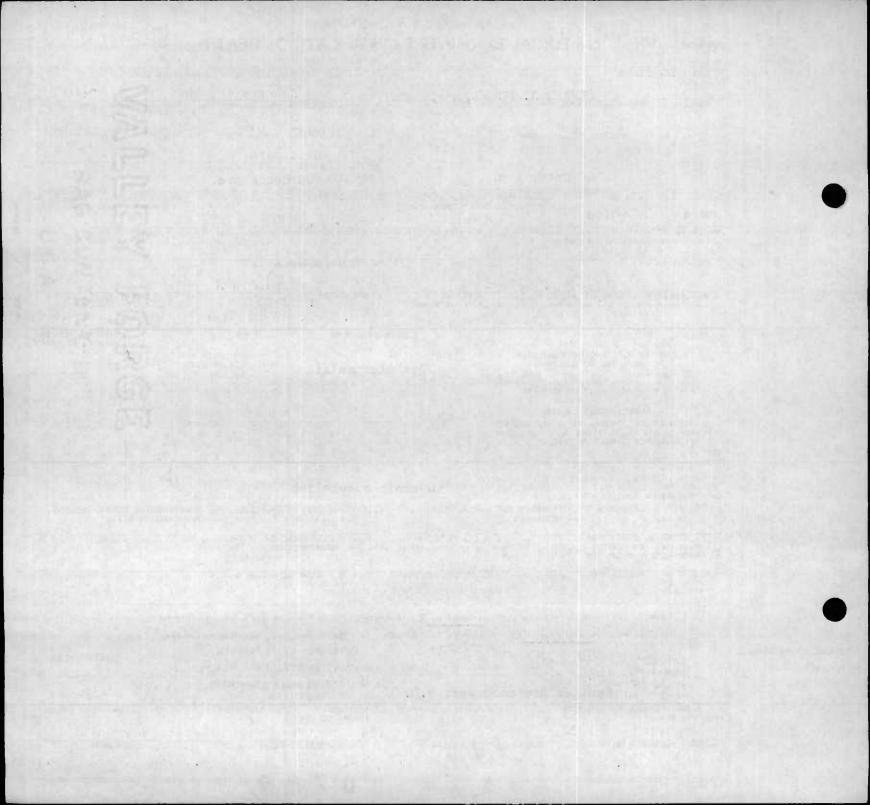


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ALTIMORE	CITY	LIEAI	TH	DEDA	DTAMENIT

00	150	mi	0
66.	UL	1/1	1

BIKITI NO.	MED	DICAL EXAMINER'S	CERTIFICATE OF DE	ATH Registe	65 UU / 1 U
M.E. CASE NO.	CEASED		2, DATE AND H	OUR PRONOUNC	ED DEAD
(Type or Print)	AT EDE	D J. MCKAY . Ir	January	19, 1966	2:40 P M.
3. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where dec		titution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET ATION)	Maryland C. CITY OR TOWN (If outside co	orporote limits, write	e RURAL and give township)
0	900 Ca	tor Ave.	Baltimore D. STREET ADDRESS (If rurel, given 900 Cator		1-01
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
male	white	Divorced	Sept. 6, 1903	60 62	
done during most of	working life, even if retired	ork TOB. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign c	ountry)	12. CITIZEN OF WHAT COUNTRY?
CIVII	ME		Baltimore City		
	1701 7	15 - 17 (C) - \	17:ii	7 1-	
	Alfred J ED EVER IN U.S. ARME h)(If yes, give wor or do	D FORCES? 16. SOCIAL	Virginia (Rou	taddressBox 239 A
163, 110 01 011 1110 111	yes, give wor or do	ies of services	Mrs. Geo. Washin	ngton, Wo	odford, Virginia
1B.	V-/ 23	CAUS	SE OF DEATH	,	INTERVAL BETWEEN
DISEASES RISE TO THE UNDERLYI OFFICE OTHER SIG	ANTECENDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST II CHIFICANT CONDITION DEATH BUT NOT R	ANY, GIVING DUE TO DUE TO CONTRIBUTING	ic alcoholism		
-		NOTION FOR WHICH OPERATION REFORMED	20A. AUTOPSY? (Yes or No.) 208	L IF YES, WERE FI	
UNDERLYING UTING CAL	AL CAUSE WAS OR CONTRIB- JSE OF DEATH.	218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)		n Boltimore City, gi	ive exact location)
21 D TIME OF INJURY	(Month) (Doy) (Ye			OCCUR?	
(APPROX.)		m. WHILE AT NOT	WHILE		
22. I cer	rtify that I held an	Inquiry Inspection X A	utapsy and that an this b	asis, death in r	my aplnian
	Ited fram: Notoral c			etermined mann	
ACTUA SIGNAT		nevertel.	CHIEF MEDICAL EXAM		DATE SIGNED
EXAMII NAME (NER'S Rudiger	Breitenecker, M.D./	ASSOCIATE MEDICAL EXAM		¹ -19-66
23A. BURIAL CRI REMOVAL (Specie	EMATION, 238. DATE	23C. NAME OF CEMETERY	or CREMATORY 23D. LOC	ATION (City	, town, or county) (Stole)
Bur	ial 1-21,		Hill Cemetery Fr	ont Royal	
JAN 2	1 1966 A	248 NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	en Co., 1	ADDRESS .08 W.North Av.,



IMPORTANT FUNERAL DIRECTOR:

sistant if death occurred in a hospital and the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the death. deceased the dispos LO attendance any pronounced OL embalmed of fracture ar the chief medical examiner regul who are 4 (3) physician the remains Was burns; physician (2) Body the 0 efore (except where the body was released to the hospital °N any nature; obtained 9 approved and eath) o hospital must shows: (1) An accident certificate must 0 10 approval ō prior was D.O.A. at eceased

VS 150-REV. 1/1/65

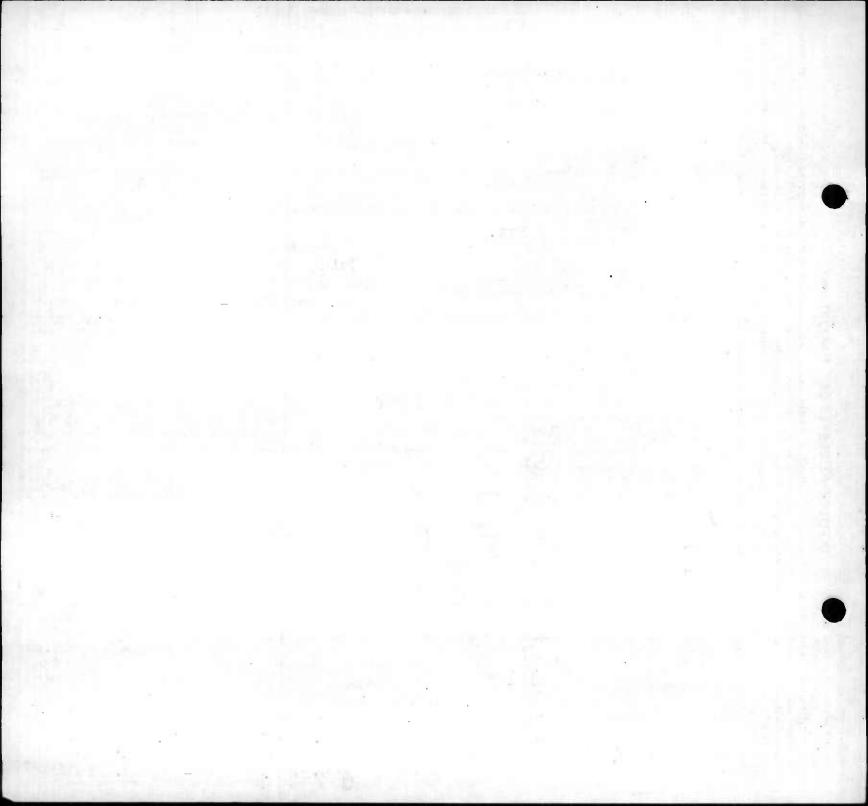
Such

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 13 1117 66 00711 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH 1. NAME OF DECEASED (Type or Print) HERWIG USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLA FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or lacation) (If outside city limits, write RURAL and give township union Hemonal Hospital
33 rd and Calrest Sho, Billimore 18 (If rural, give lacation) Hartin dale 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) last birthday) 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of warking life, even if retired) Salesman -Marylacera 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Murtle John Herwig 15. Was Deceased Ever in U. S. Armed Farces? 17. INFORMANT 6. SOCIAL (Yes, no ar unknown) (If yes, give war ar dates of service) 216-20-4528 as above 1702 Hart, solale yes WIFE ROSE HERNIG CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Recurrent brain LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? U (If in Boltimare City, give exact location) DEATH (notify medical examiner) MEDIC, (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While r (APPROX.) Wark At Wark 22. I certify that (1) (this hospital) attended the deceased from 1.7 that (1) (we) last sow the deceased alive on 1.20 ...ond that in(my) (our) opinion deoth occurred an the dote and hour and from the couses stated above. (1) (We) (did) (dtd net) view the body after death. 23A. SIGN ATURE 23B DATE SIGNED Darme Darcie Attending Med. 1,20.66 Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS DANUTA DANIEC UNION MEMORIAL HOSPITAL 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION REMOVAL (Specify) Jan. 24/66 Balto. Nat. Cem. Baltimore Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G-EUNERAL DIRECTOR ADDRESS 2024 Orleans St

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death Such death was in regular attendance on the was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance or deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner.

BALTIMORE CITY HEALTH DEPARTMENT

	BIRTH NO. 66 DC	712 CERTIFICA	TE OF DEATH Registered No.	0.1/12		
	M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	6.2		
	(Type or Print) Walter I	Hodes	20 Jan 66	1/45 PM		
	3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived. If inst	itution: residence before admission)		
	HOSPITAL OR oddiess or locotion		C. CITY OR TOWN (If outside city limits, write RU	JRAL and give township)		
3	University of ma	ryland Hospital	D. STREET ADDRESS (If wol, give location) 827 Franklin Lown Rd.			
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single		28 May 78 67	If Under 1 Yi. If Under 24 His. Months: Doys Hours Min.		
	10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Gardner	Bet. Family	11. BIRTHPLACE (State or foreign country) North Carolina	12. CITIZEN OF WHAT COUNTRY?		
,	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
1	Joseph D. Hod	GEL	Sulaa Burns.			
	15. Was Deceased Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT	ADDRESS		
	(Yes, no or unknown) (If yes, give wor or dote	s of service) SECURITY NO.	Mrs. Sula Dean-2914 P	resstman St		
	18.2 04 / 1	CAUSE O	DE DEATH	INTERVAL BETWEEN		
3	DISEASE OR CONDITION DIR		1 5	ONSET AND DEATH		
	LEADING TO DEATH (This does not mean the mode of	(A) Gas	trointestuid Hemorrhage	a 9/2 krs.		
	heort foilure, osthenia, etc. Il means	the disease,	,	200		
	ANTECEDENT CAUSES	(8) Chr.	myelogenous laukemia	1 mo		
3	DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last.	any, giving				
	18 Jan 66 WAS PERIODS OF 11A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) (APPROX.) N/A	TED TO THE OBSTRUCTURE TO THE OBSTRUCTURE DITION FOR WHICH OPERATION FORMED 21 B. FVACE OF INJURY (e.g., independent of the control of th	n or obout 21 C. WHERE DID (If in Boltimore of IN) A 21 F. HOW DID INJURY OCCUR?	City, give exact location)		
3		attended the deceased from		Jan 1966.		
2	that (1) (was) last saw the decease		19 66 and that in (my) (apini	an death accurred an the date		
2	and have and from the causes stated abave. (1) (46) (did) (did 100) view the bady after death. 23A. SIGNATURE					
	Kobert Hee	t, mue M.D. Att.	ending Med Stoff	20 Jan 66		
	23C. PHYSICIANS NAME (Type) Robert S.	Holt M.D.	University Hospital B	atlines led		
1	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CR	EMATORY 24D, LOCATION (City,	, town, or county) (State)		
	Burial 1/24/6	66 Arbutus Memor	Pial Pk. Baltimore Co.	Maryland		
	JAN 21 1966 @ 0_		Herbert E. Nutter-303			
	V\$ 150-REV. 1/1/65	fr & Japano	Uliginatid B. Marreel-)O.	// We Horon Was		



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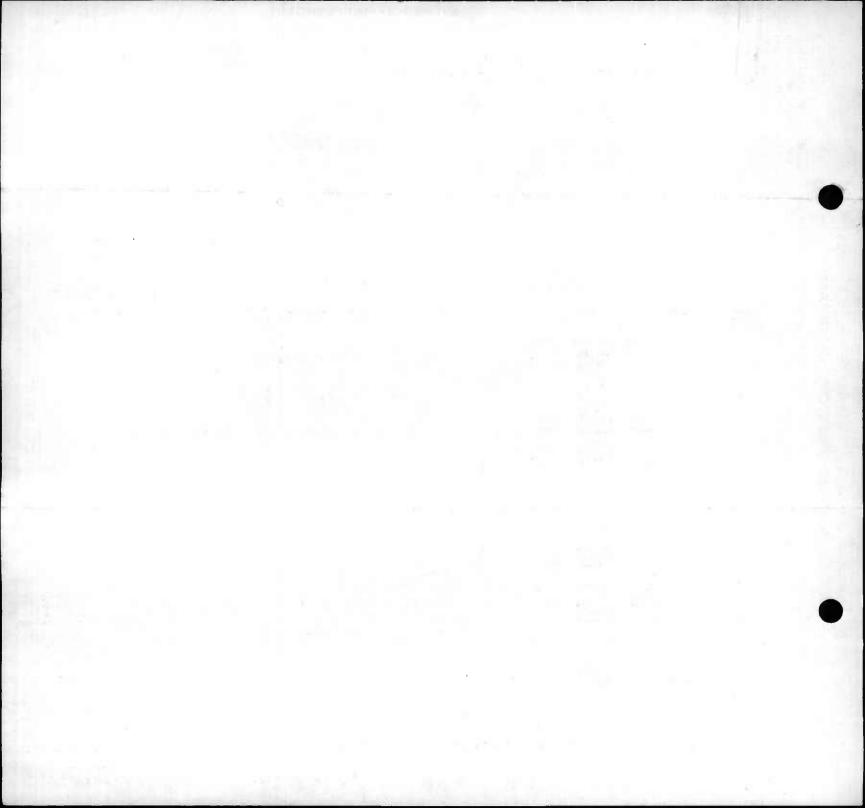
21	BALTIMORE CIT	TY HEALTH DEPARTMENT		
the uch	M.E. CASE NO.	ATE OF DEATH Registered No. 66 (10713		
1/0	1. NAME OF DECEASED (Type or Print) / 1	2. DATE AND HOUR OF DEATH		
	LINGA GOIT (LINDIE V.	1-13-44 10.301 M. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
ior to death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COUNTY		
0 0	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)		
to to	INSTITUTION			
ior	5	D. STREET ADDRESS (If rural, give location)		
	CHURRY HOW - 1 H. Tus			
P 0 0	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.		
in regular eceased pr on is made.	F WIDOWED, DIVORCED (specify) MARRIE d	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. MAY 1190 D 65		
	10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF		
in	done during most of working life, even if retired)	WHAT COUNTRY?		
S P :	HOUSENITE 13. FATHER'S NAME	U.S.A.		
was the posit	13. FAIMER'S NAME	14. MOTHER'S MAIDEN NAME		
· · · ·	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	MARGARET KNOTT 17. INFORMANT 1617 E. BALTO, MD, 31 OF DEATH ONSET AND DEATH		
	15. Was Decosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL 5ECURITY NO.	17. INFORMANT		
deat ince o final	1/2	HARRIE OFFE PARTY		
P E I	18. CAUSE	OF DEATH INTERVAL RETWEEN		
enda d or	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH		
He de	LEADING TO DEATH	IPERNEPHROMA E		
r att		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
500	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)			
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reg	DISEASES OR CONDITIONS, if any, giving	TASTASIS TO THE LIVER,		
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hysicia In was remain	Z			
hy n	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
cian he re	DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED		
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(6)		nile		
nd ota	Wark At Wo			
	22. I certify that (I) (this hospital) attended the deceased from			
al (h);	that (1) (we) lost sow the deceased alive on			
spital leath) ust be	and hour and from the causes stated above. (1) (We) (did) (dld not)	view the body ofter death.		
hospital (e o death); a I must be ol	23A. SIGN AT URE	23 B. DATE SIGNED		
-	Enlacin B. Bersona M.D. A	thending Med. Stoff Phys. 1-13-66		
or t	238 PHYSICIAN'S	23 D. ADDRESS		
pric	Fahanim B. BARTACH M.E	ALLIENE HAME Alle BALTA. 31. md		
Ap	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	CHURCH HOME & HOSP. BALTO-31, md REMATORY 24D. LOCATION (City, town, or county) (State)		
Sei	REMOVAL (Specify)			
s D.O.A. at a ceased prior iften approve	BURIAL 1/1/66 WATERS MEM.	LEMETERY ISLAND CREEK-CALVERT CO., MD.		
was D.O.A. at c deceased prior written approv	IANA 1 4000 A = 1 = 2 5 A	CEMETERY ISLAND CREEK-CALVERT CO., MD. 25C. FUNERAL DIRECTOR MUTUAL ISADDRESS OF THE PROPERTY OF THE PROPERT		

CEMETERY ISLAND CREEK-CALVERT CO., MD.

25C. FUNERAL DIRECTOR

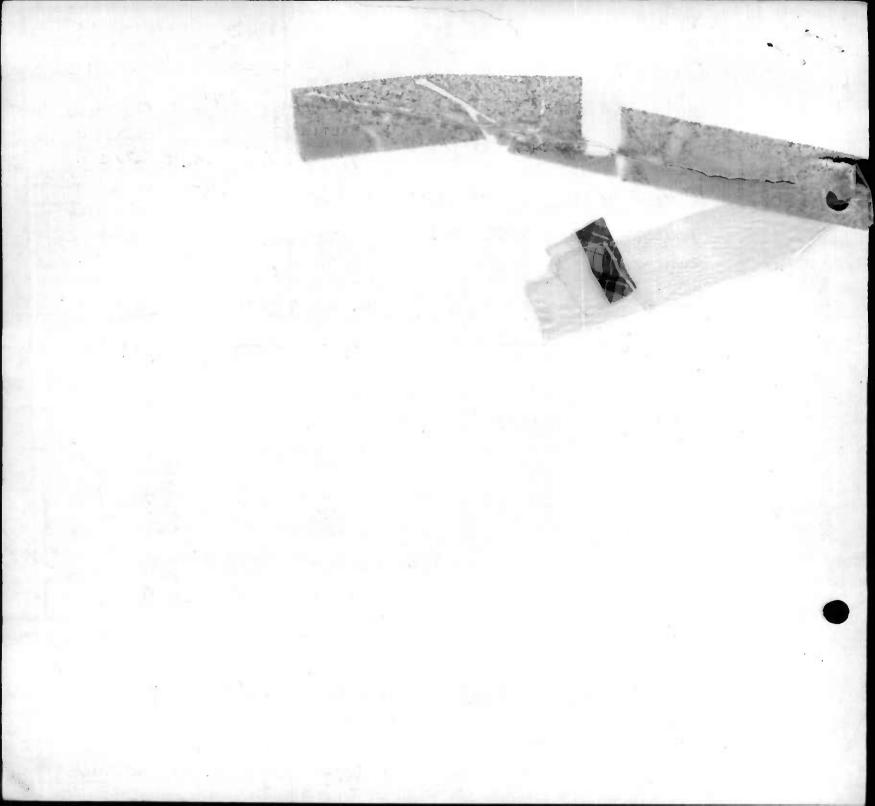
MUTUAL 130X34

OAD. HARKNESSY SOY PORT REPUBLIC, MD.



This certificate must be approved by the chief medical examiner or his assistant if death occause of death the body was released to the hospital by a medical examiner. Also, if the direct or contraveding cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is mode. IMPORTANT FUNERAL DIRECTOR:

ME CASE NO. INAME OF DECEASED (Type or Friend) J. PLACE OF DEATH IN BALTHRORE MARKIADD J. DATE AND HOUR OF DEATH J. J					
I. AMARÉ OF DECASED (Type or Print) 3. PLACE OF DEATH IN BATTAGRE MARTLAND 1. PLACE OF DEATH IN BATTAGRE MARTLAND 1. SUSUAL RESIDENCE (Where deceased lived, If institution: esidence before admission) 1. SUSUAL RESIDENCE (Where deceased lived, If institution: esidence before admission) 1. SUSUAL RESIDENCE (Where deceased lived, If institution: esidence before admission) 1. SUSUAL RESIDENCE (Where deceased lived, If institution: esidence before admission) 1. SUSUAL RESIDENCE (Where deceased lived, If institution: esidence before admission) 1. SUSUAL RESIDENCE (Where deceased lived, If institution: esidence before admission) 1. SUSUAL RESIDENCE (Where deceased lived, If institution: esidence before admission) 1. SUSUAL RESIDENCE (Where deceased lived, If institution: esidence before admission) 1. SUSUAL RESIDENCE (Where deceased lived, If institution: esidence before admission) 1. SUSUAL RESIDENCE (Where deceased lived, If institution: esidence before admission) 1. SUSUAL RESIDENCE (Where deceased lived, If institution: esidence before admission) 1. SUSUAL RESIDENCE (Where deceased lived, If institution: esidence before admission) 1. SUSUAL RESIDENCE (Where deceased lived, If institution: esidence ladges admission) 1. SUSUAL RESIDENCE (Where deceased lived, If institution: esidence ladges admission) 1. SUSUAL RESIDENCE (Where deceased lived, If institution: esidence ladges admission) 1. SUBJECT (If true, pylor) 1. SUBJECT (If					
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HOSPITAL DR HISTITUDIN STREET ADDRESS (If rural, give location)					
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D. STREET ADDRESS (If rurol, give location) J. AGE (in yards J.					
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U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Baltimore City, give exact lacohan)					
DEATH (natify medical examiner)					
21D. TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
While At Work At Work					
22. I certify that (I) (this hospital) attended the deceased from 19 19 to 19					
that (1) (we) last saw the deceased alive on 1966 and that in(my) (obr) opinion death occurred on the date					
and hour and from the causes stated abave. (1) (We) (did) (did not) view the body after death.					
23A. SIGNATURE 23B. DATE SIGNED AM D. Attending Med. Stoff M.D. Stoff M.D. Med.					
Attending Med. Staff Phys.					
NAME (Type) MOTON & FERGENBAUM M.D. JUNI HERMUN RESPUTAL					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)					
Burial Jan 20/66 Adath Jeshurun Baltimore, Maryland					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS					
JAN 21 1966 A. O. A. P. Stockentin S. Sol Levinson: & Bros Inc. 6010 Reisterstown Road					

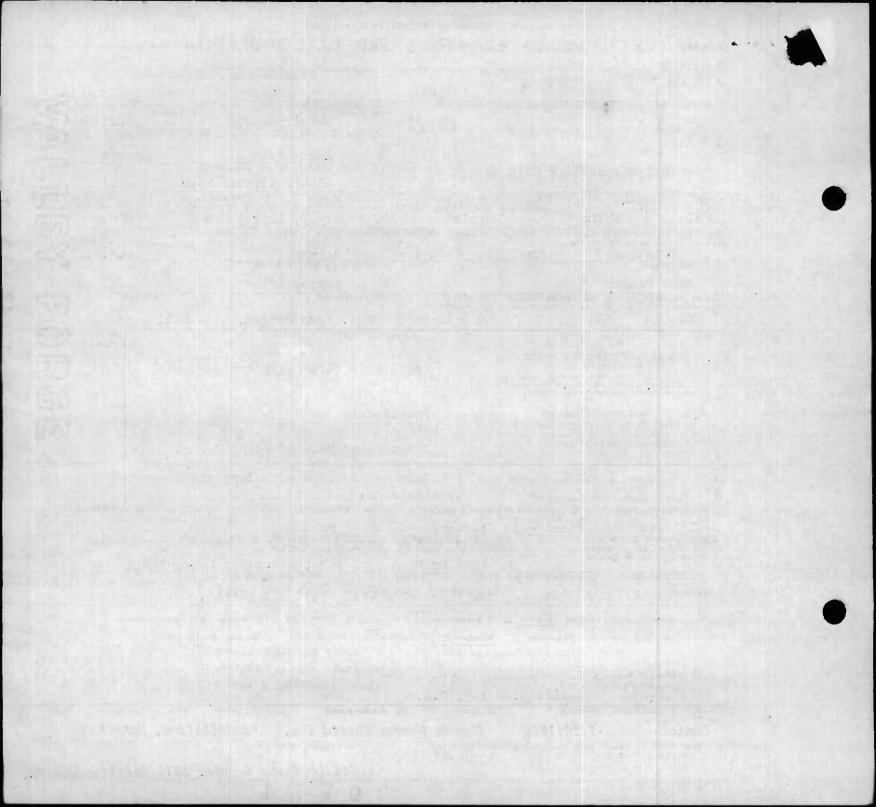


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P-	69	6

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 6 00715 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.I	E CASE NO.								
1. I	NAME OF DEC				THE LETTERS		HOUR PRONOUNCE	D DEAD	
		NATHAN	7	PRAGER			ry 19, 1966	1:30 P.	M.
3. P	LACE IN BALT	IMORE MARYLAND, W			A. STATE	ence (Where d	deceased lived. If instit B. COUI	ution: residence before admiss NTY Baltimore	ian)
HO	L NAME OF	ADDRESS OR LOCA	AL OR INSTITU	ITION, GIVE STREET		9	carparate limits, write	RURAL and give township)	_
INS	TITUTION				Ra1	timore		53-00	
9	Sinai	Hospital of	Raltimo	220	D. STREET ADDR		give lacation)		
2	billai	Hospital Of	Daleine)Te	414	4 Falls	taff Road		
5. S	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	н	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Manths, Days, Haurs, Mi	Hrs.
]	Male	White		DIVORCED(specify) arried	February	5, 1889	76	Widning Day's Fridois Wi	*10
			kTOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?	
aan	Supp	varking life, even if retired).	Tailori	ing industry	Germ	nan		U.S.A.	
13.	FATHER'S NAM		120223		14. MOTHER'S MA			0.0.11.	
	Aron P	rager			Regi	na Spie	r		
		D EVER IN U.S. ARMEL		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
ties	No	in yes, give war ar adi	es of service/	075-12-0833	Mrs. Irm	a Prage	r, 4144 Fal:	lstaff Road	
	1B.	6 9 7 11	12	CAUSE	OF DEATH	- 0		INTERVAL BETWEE	
	1 7	/17	100	. 0				ONSET AND DEA	ГН
	DISEAS	E OR CONDITION DI LEADING TO DEATH		Sentic	emia (Gra	m Negat	ive Racteri	2)	
	(This does n	at mean the made of dying, e.g., asthenia, etc. It means the disease,			cemia (Gram Negative Bacteria)				
	injury or con	nplication which caused	de ath.)						
	A	NTECENDENT CAUS	ES	Pneumo	nitis			SHIP DO DO	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO						•••••••		*****
	RISE TO THE	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			C 37		1		
Z				(c) Fraceu	ire of Nec	K OI KI	ght Femur.		
Ę		11		Carcinon	of colo	n with	lung and liv	70%	
S	TO THE	VIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO T			II WICII	rung and tr	vei	
TIF	DISEASE OF	CONDITION CAUSING				0 /V NI-V	OD IP VPC MICEP PIN	DINICE CONCIDENCE	
CERTIFICATION		WAS PER	FORMED	WHICH OPERATION			OB. IF YES, WERE FIN		
1	1/10/6	CAUSE WAS	ing of f	PLACE OF INJURY (e.g.,	in ar about 21C. W	HERE DID (f in Baltimare City, giv	e exact lacation) / =	
MEDICAL	UNDERLYING TO			, farm, factory, street, o			,	33-6	0
				Nursing Home			sing Home, I	Baltimore	
	OF INJURY	(Manth) (Day) (Yea		IE. INJURY OCCURRED		DIN DID INTU	RY OCCUR?		
	(APPROX.)	1 5 '6		VHILE AT NOT YORK AT W	ORK Fe	11 out	of bed.		
	22. I cert	ify that I held an	Inquiry X	Inspection Aut	opsy and	that on this	s bosis, deoth In m	y apinlon	
	resul	resulted fram: Notural couses Accident X Suicide Homicide Undetermined manner							
					CHIEF ME	EDICAL EX	AMINER .		
H	ACTUAL SIGNATURE Charles S Color M.D. A			ASSISTANT MI	EDICAL EX	AMINER X	DATE SIGNED	,	
	SIGNATI	FR'S			ASSOCIATE M			1/20/66	
	NAME (1		es S. Pe	etty, M.D.	ASSOCIATE III	LDICAL LA		_, _, _,	
	AOVAL (Specify		230	C. NAME of CEMETERY .	+ SHEMA HORN	23D. LO	CATION (City,	tawn, ar county) (State)	
	Burial	1/20/1	966	Chevra Ahava	s Chesed 1	Inc. R	Randallstown	, Maryland	
244	DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERA	AL DIRECTOR		ADDRESS	
	JAN 2	1 1966 (2.0)	158.0	Carbiny Mall	Cal La	1111111111	C Phase 101	0 0-1.6	
					JOE LE	verson	a Dros. 6011	Reisterstown	Rd



must be approved by the chief medical examiner

This certificate

0

to the hospital

or his assistant if death

prior to death. Such attendance on

(4) Undetermined cause; contributing

in regular

Was

death kind;

(3) A fracture of any who pronounced

Also,

examiner.

deceased prior to death); and (6) No physician was in regular attendance on the deceased

(except where the physician

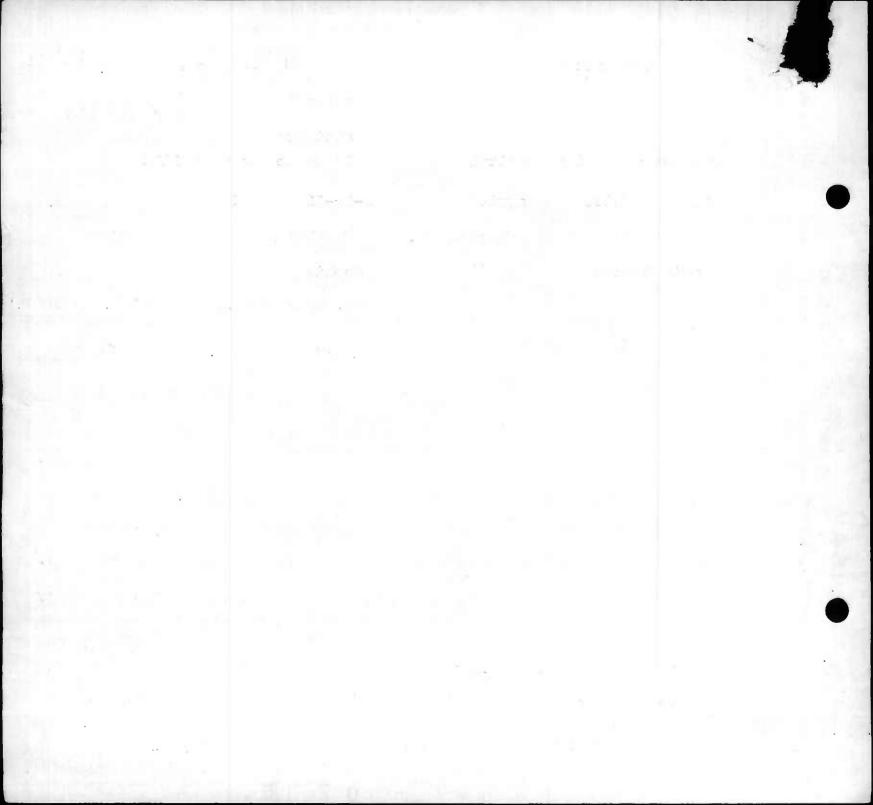
shows: (1) An accident of any nature; (2) Body burns;

was D.O.A. at a hospital the body was released

		Y HEALTH DEPARTMENT	1	7121
BIRTH NO. M.E. CASE NO.	716 CERTIFICA	ATE OF DEATH	Registered No.	60 00/16
1. NAME OF DECEASED (Type or Print) Leon Carton		2. DATE A	20 6 G	840
3. PLACE OF DEATH IN BALTIMORE, M.	ARYLAND	4. USUAL RESIDENCE (Who	ere decedsed lived. If i	institution: residence before odmissi
FULL NAME OF (II not in hospito oddress or location)	or institution, give street an)	Maryland	utside city limits, write	RURAL and give township)
A STATE HON		Baltimore D. STREET ADDRESS (III		5300
The Johns Hopkins	Hospital	Old Court B	rurol, give locotion)	17C
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 I
Male White	Married (specify)	5-20-22	lost birthdoyl	Months Doys Hours Min
OA, USUAL OCCUPATION (Give kind of wo	108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY?
Executive	Furniture Co.	Baltimore.	Maruland	USA
3. FATHER'S NAME	100000000000000000000000000000000000000	Baltimore, 14. MOTHERS MAIDEN NA	ME	
David Carton		Sophie ?		
5. Was Deceased Ever in U. S. Armed For Yes, no or unknown) (If yes, give wor or do	tes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	214-14-182	3 Mrs. Muriel C	arton Old	Court Rd. Box 317
18. 190.91	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION D			· A	1 000
LEADING TO DEATH	(A)	reviewesci	yan	CYCLC!
heart failure, asthenia, etc. It mean injury or complication which couse	s the diseose,	acciden		01.
ANTECEDENT CAUSE	*^/	aliencens	Quelaur	May 400
DISEASES OR CONDITIONS, II	DUE TO	()		
rise to the obove couse (A				000000000000000000000000000000000000000
UNDERLYING CONDITION lost.	γ			
O THER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING	ATED TO THE			
19A. DATE OF OPERATION 19B. CO	NDITION FOR WHICH OPERATION REFORMED	20 A. AUTOPSY? (Yes or N	10) 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g. home, lorm, factory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact facation)
21D. TIME (Month) (Doy) (Yeo	Hour) 21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX)	While At Work Not W			1
22. Leastify that (1) (this hospit	ol) ottended the deceased from	120	10 (0000 1	120 196
that (I) (we) lost sow the deces	1/00	19 6 B and 1	hat in (my) (our) de	Union death occurred on the
	oted above. (I) (We) (did) (did not)	()		
23A. SIGNATURE		71011 110 0007 01101 000111		23 B. DATE SIGNED
faller 9		ttending Med. Director [23D. ADDRESS	Stoll Phys.	1/20/61
James Louie	M.E	Inchaso L	to BKINS	HOSP
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C	REMATORY 24D.	LOCATION	City, town, or county) (State
	966 Chizuk Emuno	Cemetery 25C. FUNERAL DIRECTO	Baltimore,	Maryland Address
IAN 91 1966 A D	1- 8 Fallen Mill	Sol Levinson	& Bros. 60	10 Reisterstown R

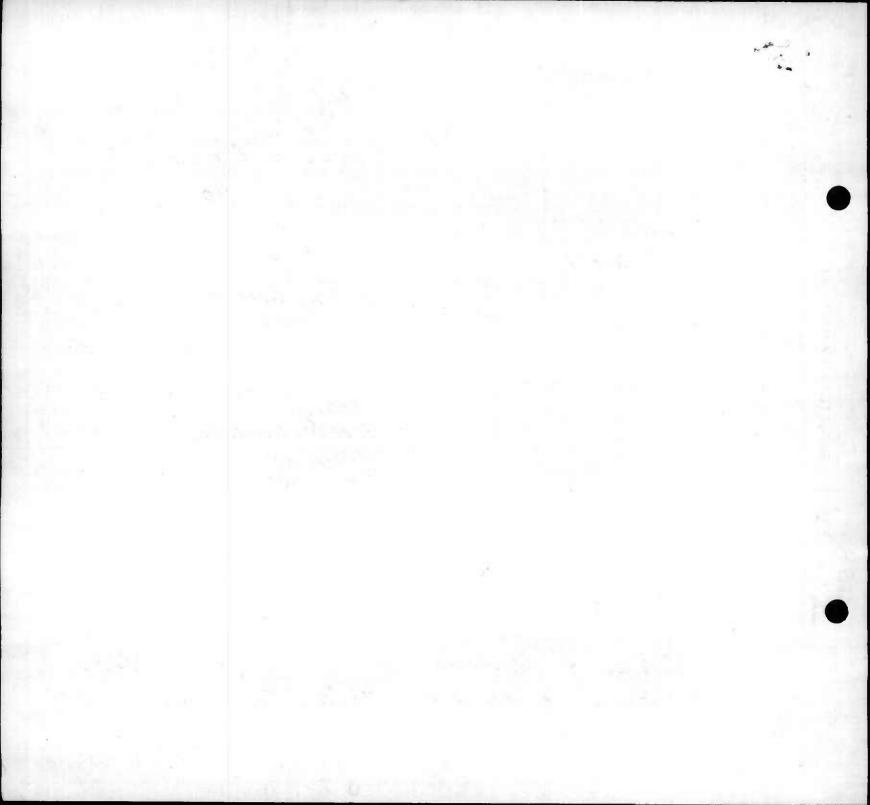
Sol Levinson & Bros. 6010 Reisterstown Rd.

VS 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of pleath shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Dec*essed was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	00 00	BALTIMORE CITY	HEALTH DEPARTMENT		66 00717	
	H NO. 66 007	CERTIFICA	TE OF DEATH	Registered No.	0.5 00.02.	
1. N	AME OF DECEASED or Print) WALL OSEPH		2. DATE AN	HOUR OF DEATH	7:20 P.	
	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN	re deceased lived. If inst	hitution; residence before admission	
-	ULL NAME OF (If not in hospital or institution) NSTITUTION		1 12 /1.	side city limits, write RU	JRAL and give township)	
1	Franklin Squar	Ne [10 s]).		rurol, give location) LEXINGT	on st.	
5. S	An als Wido	NED, NEVER MARRIED DWED, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.	
	USUAL OCCUPATION (Give kind of work 10B, KINE		11. BIRTHPLACE (State or forei		12. CITIZEN OF WHAT COUNTRY?	
13.	FATHERS NAME Wall	= A	14. MOTHER'S MAIDEN NAM	unkno	NUMA	
15. Yes	Was Deceased Ever in U. S. Armed Forces? i, no or unknown) (If yes, give wor or doles of servi	ce) 16. SOCIAL SECURITY NO. 219-32-1325	DR. GEArge Wa	11 5917 Si	ADDRESS R.	
	18. 3 3 / I DISEASE OR CONDITION DIRECTLY	CAUSE O	0		INTERVAL BETWEEN ONSET AND DEATH	
	LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise		Bronoher	acce correct	g 3 Mays	
	injury ar complication which caused death.) ANTECEDENT CAUSES	(B)DUE TO	GEM. Eere.	beat Auto	18 6 Mes.	
	DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating UNDERLYING CONDITION last.	ving	Selevosis Copposition	teclar	4 56 656 1664	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	ITING THE	allident Hyperkusion		4 month	
CERTIFIC,	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?	
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID ince bidg., INJURY OCCUR?	(If in Boltimare	City, give exact location)	
-	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work Not Work		URY OCCUR?	, ,	
	22. I certify that (I) (this haspital) ottend	1/10/		19to	1/19/66 19	
	that (I) (we) lost saw the deceased alive on					
	23A. SIGNATURE	1015555 M.D. Atte	ending Med.	Stoff Phys.	23B. DATE SIGNED	
	23C. PHYSICIAM'S NAME (Type) SILVINO B. M.	AUTESES M.D.	Flanklin Sq.	wass they	o. Balh Md.	
244	REMOVAL (Specify)	C. NAME of CEMETERY of CRI			y, town, or county) (Stote)	
25A		Workmens Circle	25C. FUNERAL DIRECTOR SOL LEVINSON	eltimore, Mar E BROS INC.	6010 Reists Rd	
VS	150-REV. 1/1/65	66907	0716		- Harris - H	



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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH Sherman RLES LX 20 4. USUAL RESIDENCE (Where deceased lived, It institution: residence before admission) MD (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMO HOSPITAL D. STREET ADDRESS (If rural, give location) 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) Divorced 11. BIRTHPLA 12. CITIZEN OF WHAT COUNTRY? PENNSYLVANIA 4. MOTHER'S MAIDEN NAME 6. SOCIAL SECURITY NO. None 170-03-3265 The Mercy Hospital Records CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY PERITONITIS LEADING TO DEATH 11 PERFORATION DUODENUM ANTECEDENT CAUSES + STONE to the above cause (A) stoting the (COMMON BILF ARTERIOSCLEROTIC CARDIOVASC TO THE DISEASE LAENNECS 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? DUDDENKI PERFORATION 66 21 B. PLACE OF INJURY (o.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimoro City, give exect location) otc.l (Month) (Doy) (Yourl (Hourl 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While While At At Work Work DEC 30 1966 and that in (my) (our) opinion death occurred on the date 23R DATE SIGNED Ratner M. D Attending Stoff Phy s. M.D. Med. Phys. Director 23D. ADDRESS

BIRTH NO. M.E. CASE NO. (Type or Print) 3. PLACE OF DEATH IN BALT FULL NAME OF HOSPITAL OR INSTITUTION MERCY 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) 13. FATHER'S NAME AMES 15. Was Deceosed Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dotos of sorvice) No di. (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which coused death.) DISEASES OR CONDITIONS, if any, UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined MEDIC 21 D. TIME OF INJURY (APPROX.) 22. I certify that (1) (this hospital) ottended the deceased from that (1) (we) lost saw the deceased alive on JAN 20 ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Typol 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) /21/1966 Crown Hill Twinsburg, Cemeterv Ohio 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR V\$ 150-REV. 1/1/65

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PENNSYLMANIA

MARY ELLA HUSSING

MERCY HOSPITAL

MALE CAUCISIAN

JAMES LAYTON

BILE PERITUITIS SILLE SE

PERFORATION DRODEMUM

CHOLELITH INSIS + STONE 3 WITH ANTERIOSCLERITIC CARDIOVASCO

DISEASE, LARREST CIRRENTS CEANS

JAN 17 & BIDGENAL PERFORATION

JAN 30 OF JAN 40

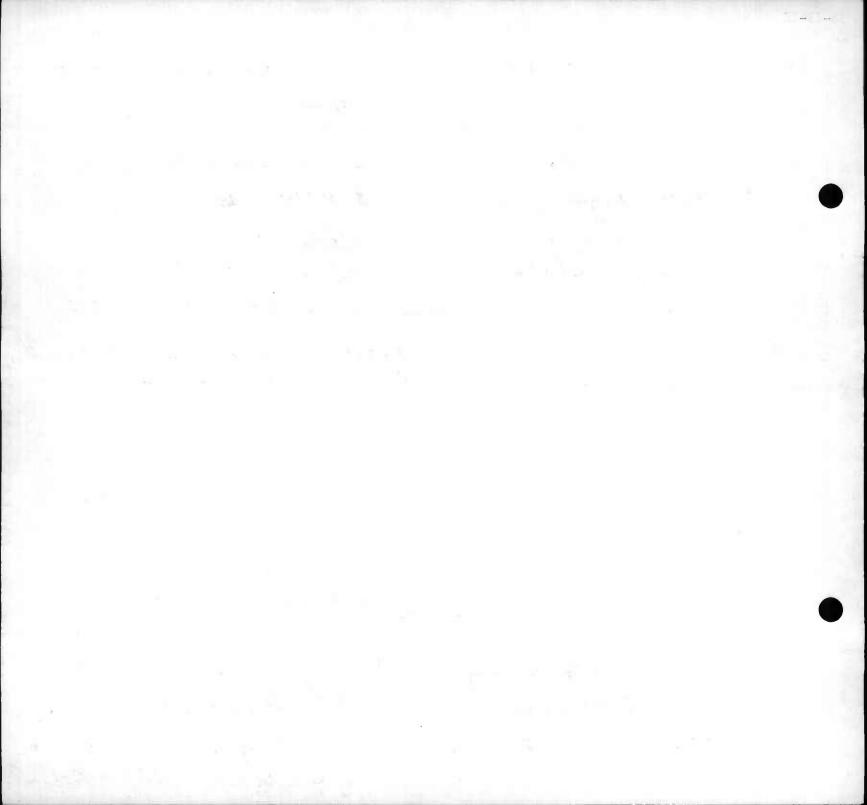
Mary Tim Ratman M. B. X

MERCY HOSPITAL BIX)

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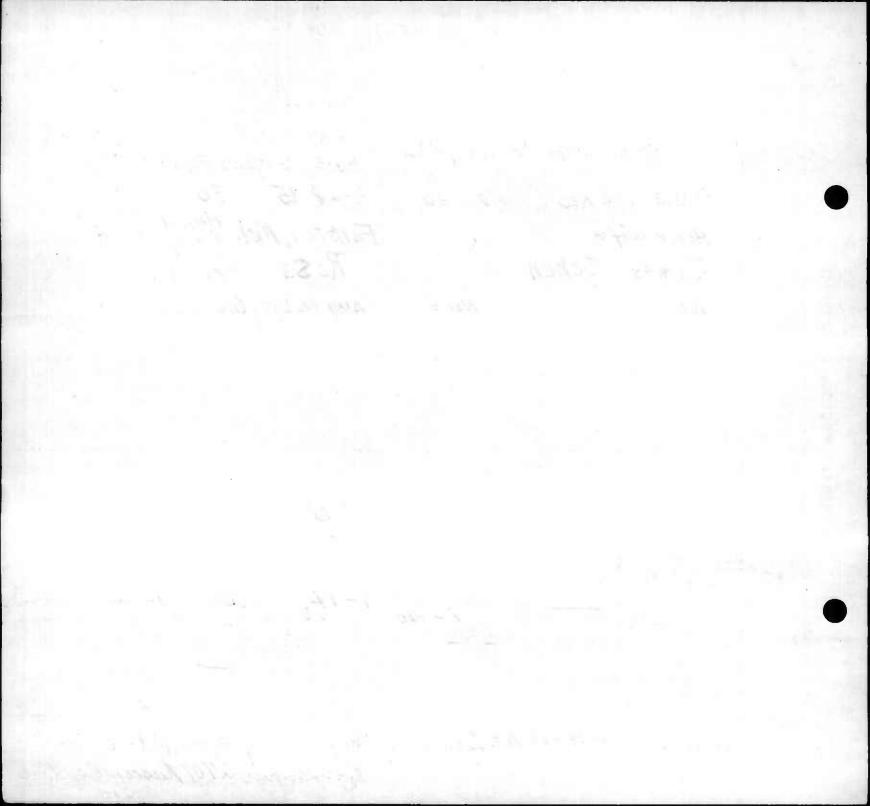
BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. lived. If institution; residence before admission) (If autside city limits, write RURAL and give township) tf Under 1 Yr. Manths: Days If Under 24 Hrs. Haurs 2. CITIZEN OF WHAT COUNTRY? ADDRESS RECORDS:BCH 4940 Eastern Avenue 21224 ONSET AND DEATH 20A. AUTOPSY? (Yes ar Nail 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact lacation) ond that in (my) (aur) opinian death occurred on the date 23B. DATE SIGNED 4940 Eastern 258 NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS V5 150-REV, 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

VS 150-REV. 1/1/65

BIRTH NO. M.E. CASE NO.	66 007	20 CERTIFICA	ATE OF DEATH	Registered No.	00720
Type or Print)	AMU	C.	2. DATE AN	- 20 - 6	7:45 P.
B. PLACE OF DEATH IN BA	TIMORE, MARYLAND		4. USUAL RESIDENCE (When		on: residence before admission
FULL NAME OF (If n HOSPITAL OR odd	at in haspitol ar institu ess or locotion)	ition, give street	MARYLAND	Iside city limits, write RURA	L and give township)
CUTHERAN	Hosp. of	MARYLAND	D. STREET ADDRESS (III	rurol, give lacotion)	10 rais dan
5. SEX 6. RACE	7 AAA	RRIED, NEVER MARRIED	B. DATE OF RIRTH	9. AGE (In years If	Under 1 Yr. , If Under 24 Hrs.
FEMALE COL	OKED	WIDOWED (specify)	3-28-85	last birthd 0 Mo	nths Days Haurs Min.
IOA, USUAL OCCUPATION (Glone during life,		ID OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or forei	gn country) 12.	CITIZEN OF WHAT COUNTRY?
House Wif	8		Falston N	Of. County	4SA
James	Cohen		Rosa	Frankl	2
5. Was Deceased Ever in U. Yes, na arunknown) (If yes, gi	S. Armed Forces? ve war ar dates of ser	vice) 16. SOCIAL SECURITY NO.	AMIL WALLET	(DAUGUTE)	SAME
18. 1/02 V	1	CAUSE	OF DEATH	(Unughter)	INTERVAL BETWEEN
DISEASE OR CO	NOTION DIRECTLY		4		ONSET AND DEATH
LEA DING	TO DEATH	(A)	nlumonia	Jeney	
(This does not mean heart failure, asthenia,			0000 mmi mm mm mm m m m m m m m n n n n g ii poo y a p a b a a a a a a a a a a a a a a a a a a		***************************************
injury or complication			de by brat		
ANTECEDE	NT CAUSES	DUE TO	a hy arat		
DISEASES OR COND			,		
rise to the above UNDERLYING CONDIT	couse (A) stating ION last.	the (C)			PO 0 00 45 44 44 6 6 7 00000 40 44 6 6 6 6 6 6 6 6 6 6 6 6 6 6
	11				
Z OTHER SICNISICANT CO	ONDITIONS CONTRIB				
TO THE DEATH BU DISEASE OR CONDITION 19A. DATE OF OPERATION		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 208 IE VEC WERE EINIDI	NCS CONSIDERED
E O OFERANO	WAS PERFORMED		A /A	10 CERTIFYING CAUSES	OF DEATH?
21A. ACCIDENT WAS U	NDERLYING -	21B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID	(If in Baltimare City	, give exact location)
OR CONTRIBUTING C DEATH (notify medical ex	AUSE OF	home, farm, factory, street, etc.)	office bldg., INJURY OCCUR?		, 910 0110111011111111111111111111111111
21 D. TIME (Month)	(Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
21 D. TIME (Month) OF INJURY (APPROX.)		While At Not Wh	ile		
		Work L At Work	- M	11 1	30 61
that (1) (we) lost sow	The state of the s	ded the deceased from	10 66	ot in (my) (our) opinion	deoth occurred on the dot
and hour and from the	couses stoted obo	ve. (1) (We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATURE	17			23 B.	DATE SIGNED
Jahlie	Kunta	La M.D. At	tending Med. Director	Stoff Phys.	1-20-66
23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS	,	
RAP Bra	. CAALLAI - A	SEP DENILI M.D			
4A. BURIAL CREMATION,		4C. NAME OF CEMETERY OF CI		OCATION (City, to	wn, or county) (State)
REMOVAL (Specify)	1-14-16	M+T: n	+	A A	wn, or county) (Stote)
Burial	X7 - 60	111- LION CEN	refery Lor	ng Green, Mc	J. Ballo. Co
SA. DATE REC'D BY HEALT	H DEPT. 25B. NA	ME OF REGISTRAR	25C FUNERAL DIRECTOR	1 27176	ADDRESS
JAN 2 4 1966	May JE.	Schooligh (1)	Jan Levera	n & 10/ Kell	scombe Lone

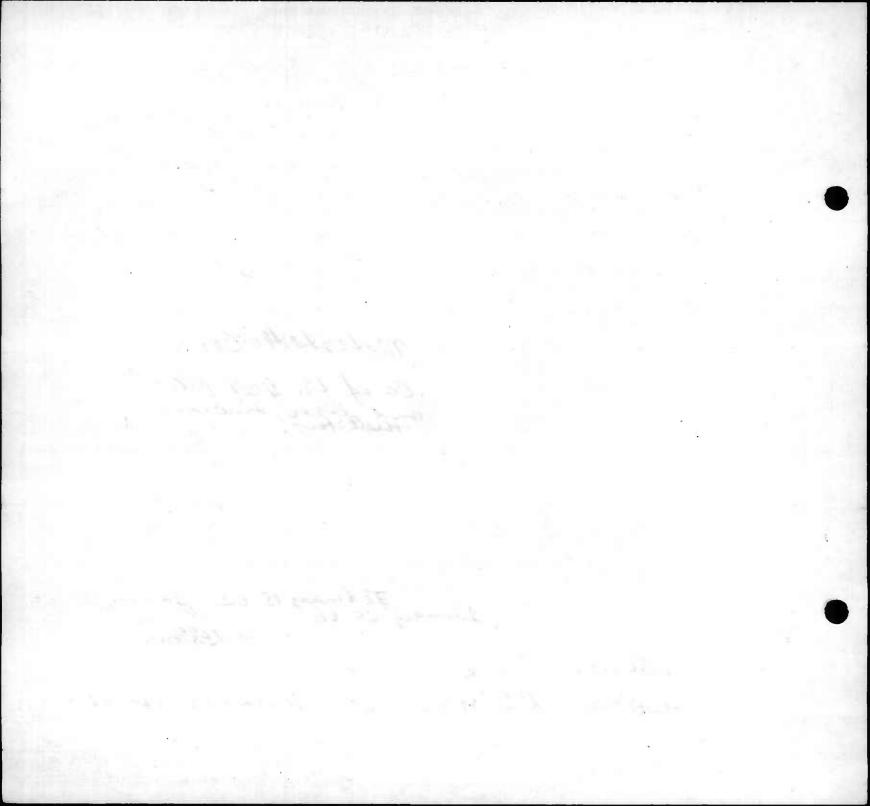


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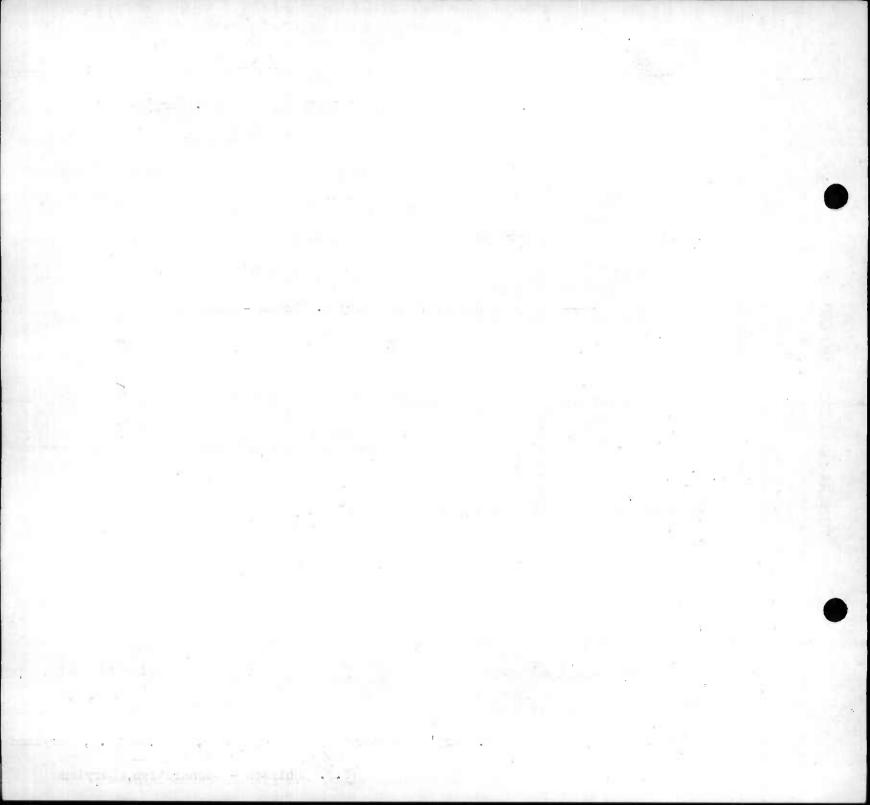
of death Deceased 0 death. ance rect or contributing cause (4) Undetermined cause; (5) attend 0 prior occurre regular made deceased disposition is Ξ Was the assistant if death O final attendance any pronounced 0 embalmed oto ar regul who are 4 3 = physician remains Was physician 0 (2) Body the 8 ere to the hospital å any nature; (except wh obtained 9 pproved and eath) of hospital was released must accident O 0+ approval 8 prior d was D.O.A. deceased written ap the body shows:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 3 ()1/2 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) DANUARY 20, 1966 12:30P 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before odmissian)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND MARYLAND (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or lacotion) C. CITY OR TOWN (II outside city limits, with RURAL and give township BALTIMORE 28 GORMAN AUG D. STREET ADDRESS (If rurol, give location) GORMAN AUE 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH If Under 1 Yr. II Under 24 Hrs. Months Doys Hours WIDOWED, DIVORCED (specily) lost birthdoy WHITE Oct, 5, 1895 Widowed 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? MARYLAND DOMESTIC 40450 WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NAMES LLA 5. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL SECURITY NO. DAMES NONE PASAdeNA, NO NONE HAMER INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stofing the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ū 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) DEATH (notify medical examined) MEDI (Month) (Day) (Year) (Hout) 21 E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from annari 201966 and that in (my) (aur) apinian death accurred an the date that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death. 🗛 180 AY 23A, SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. 24A. BURIAL CREMATION, 248. DATE (City, town, or county) REMOVAL (Specify) 1-24-66 258 NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C FUNERAL DIRECTO



	CITY HEALTH DEPARTMENT
BIRTH NO. 66 00722 CERTIFIC	CATE OF DEATH Registered No.56 00722
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Joseph Thomas Joseph THO	MAS 1-19-66 8:45 a M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street oddress or location)	Maryland St. Mary's C. CITY OR TOWN (If outside city limits, write RURAL ond give township)
INSTITUTION	Bharlotte Hall
	D. STREET ADDRESS (If rurol, give locotion)
The Johns Hopkins Hospital	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. (v) Months; Days Hours; Min.
Male Negro WIDOWED, DIVORCED (specific Married	(y) 4-3-91 lost birthdoy) Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDL	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	WHAT COUNTRY?
Farming farm tenant	Maryland USA
Jerry Thomas	Rose Ella Craig
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
no 213 42 706	Mary M. Thomas - same as # 4
	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	Vertonte days
(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	0
injury or complication which coused death.)	Pertonutie 6 days Perforated Peptic Ulcer 6 days
ANTECEDENT CAUSES (B) DUE TO	
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the (C)	
UNDERLYING CONDITION lost.	
II .	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION CAUSING IT.	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
# TOP, GALTICUIC	~ Yes
OP CONTRIBITING CALISE OF home form foctory stre	(e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) eet, office bldg., INJURY OCCUR?
DEATH (notify medical examiner)	
OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Not	While Work
22. I certify that (I) (this hospital) attended the deceased fram	
that (1)(we) last saw the deceased alive an 1/19	
and haur and fram the causes stated abave. (1)(We) (did) (did r 23A, SIGNATURE	nat) view the bady after death.
A.D. M.D.	
an biglie Hemin	
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
DON EUGENE DETMER	M.D. JOHNS HOPKING HOSP, BALTO, MD.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY CREMOVAL (Specify)	OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 1/24/66 St. Mary's C	emetery Bryantown, Charles Co., Marylan
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNDA DE CIONELLE ADDRESS
JAN 2 4 1966 P. Q. 15 9 . * Carles 1	T.B. Robinson - Leonardtown, Maryland
V\$ 150-REV. 1/1/65	- Deonard town - nary land



VS 150-REV. 1/1/65

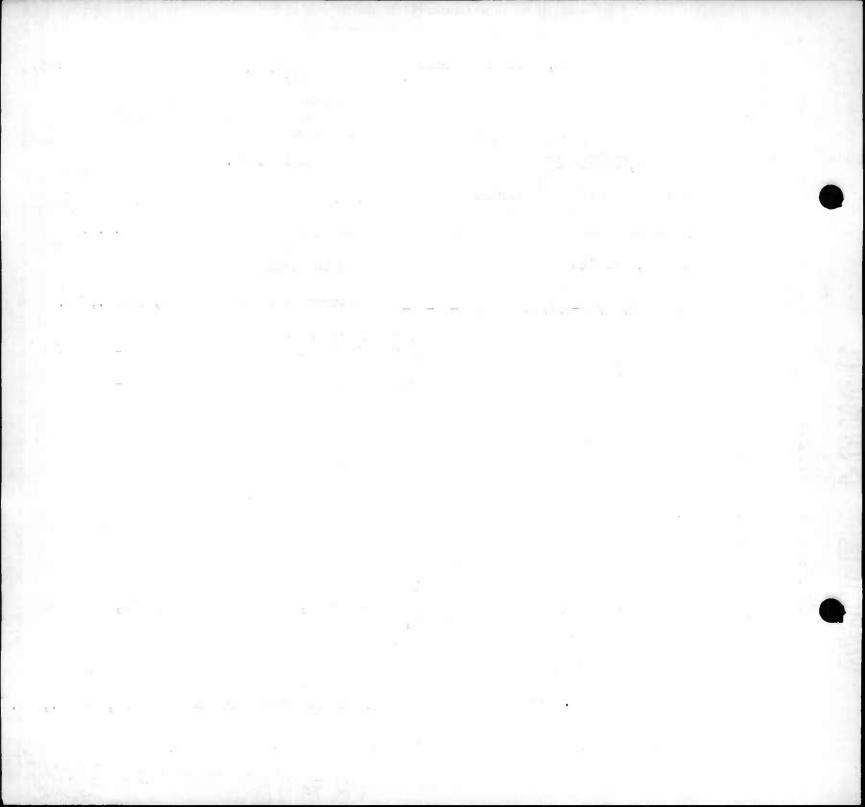
	K-CON BALTIMORE CITY	HEALTH DEPARTMENT
	BIRTH NO. CERTIFICA	TE OF DEATH Registered No. 66 00792
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
	Grace J. Ku.	
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give sheet HOSPITAL OR address or location)	Maryland
	Baltimore City Hospitals	C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore
3	4940 Eastern Avenue	D. STREET ADDRESS (If rurol, give location)
6	Baltimore, Maryland, #21224	1025 Cathedral Street, #21201
mad	5. SEX 6. RACE White 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	8. DATE OF BIRTH 9. AGE (In years lost birthday) 9-10-00 19. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	
0	done during most of working life, even if retired)	New York U.S.A.
osi	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
disposition	Adolph Jahn	Mamie (unk)
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
final	No 215-09-1531	RECORDS: 4940 Eastern Ave., #21224
ort	18. CAUSE O	
pe	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
balm	(This does not mean the mode of dying, e.g., DUE TO	Bronchogenic Carcinoma 6 months
	heart failure, osthenio, etc. It means the diseose, injury or complication which caused death.)	
E B	ANTECEDENT CAUSES (B)	
are	DISEASES OR CONDITIONS, if any, giving	
	rise to the obove couse (A) stating the (C)	
emains	Z SUIZ CONTROLLE	
Геп	TO THE DEATH BUT NOT RELATED TO THE	
the	U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED	Yes Yes Causes of Death?
efore	OR CONTRIBUTING CAUSE OF 21 & PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or obout 21C. WHERE DID (If in Boltimore City, give exact location) ffice bldg., INJURY OCCUR?
0	DEATH (notify medical examiner)	
per	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
ain	(APPROX.) Work At Work	
obt	22. I certify that (I) (this hospital) attended the deceased from	1-6-66 1966 to 1-20 1966.
pe	that (I) (we) last saw the deceased alive an 1-20	19 6 and that in(my) (our opinion death accurred on the date
must	and haur and from the causes stated above. (1) (40) (did) (did not) v	
	Your M.D. Att	ending Med. Stoff M
Val	23C. PHYSICIAN'S	anding Med. Stoff Phys. D 1-20-66
oro	NAME (Type) LAURICE MCAFEE M.D.	10.001
approval	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRI	
	REMOVAL (Specify)	
written	Cremation 1/21/66 Greenmount Cemet 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
}	JAN 24 1966 P. O. 1 2 Farburn	Wm. Cook-Brooks Inc. L217 St. Paul St. 21202

min as and the Markettine against

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

Such

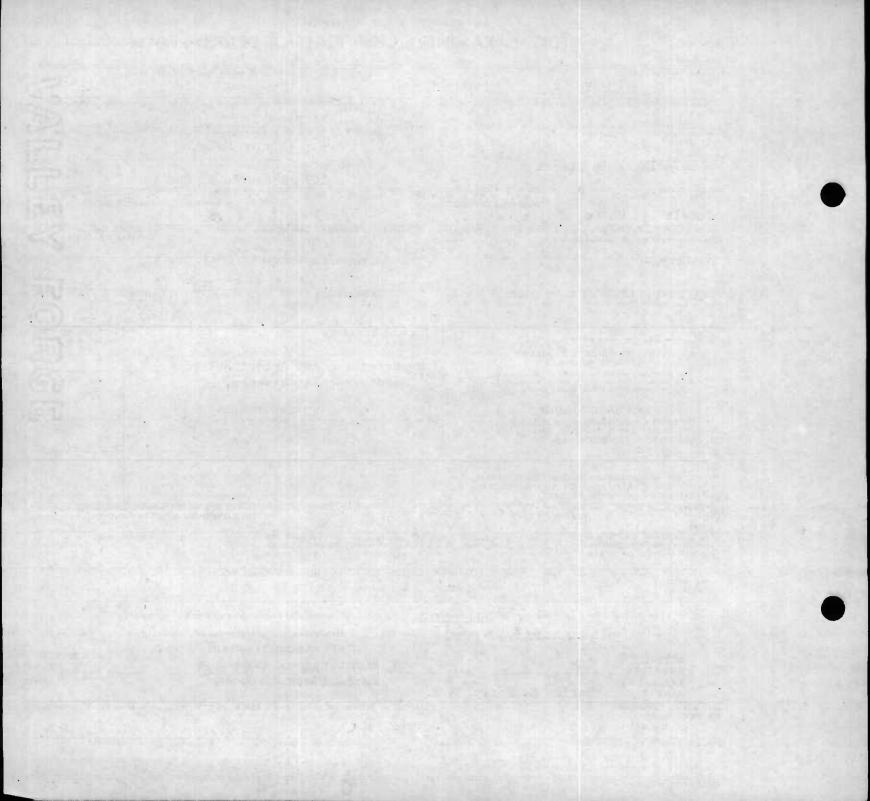
			union 1	BALTIMORE CITY	HEALTH DEPARTMENT	6 14:	; 00724
11	TH NO.	66 01	1724	CERTIFICA	TE OF DEATH	Registered Na.	
1,1	E CASE NO. NAME OF DECE pe or Print)	Runkles,	William	n Charles		D HOUR OF DEATH	1:45A M.
3.	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where	e deceosed lived. If inst	itulion: residence before odmission)
11	FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital oddress or location		give street	Maryland c. city or town (If out:	0	JRAL ond give township)
		Administrat:	ion Hosp	oital	Baltimore D. STREET ADDRESS E (1)		
		h Raven Blyd e, Maryland			509 Otterbine	St.	
	Male	Caucasian	Marr	NEVER MARRIED), DIVORCED (specify) Led	9/27/99	66	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
don		orking life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	William	, Runkles			14. MOTHER'S MAIDEN NAM Edith Fogel	ΛE	
15. (Ye	Wos Deceosed s, no or unknown) Yes	Ever in U. S. Armed For (If yes, give wor or dote 8/27/42-3/1	s of service)	16. SOCIAL SECURITY NO. 214-03-50-00	Veterans Hospi	ital Records	, Balto., Md.
		OR CONDITION DIR	ECTLY		FDEATH hogenic carcinom alized metastase		INTERVAL BETWEEN ONSET AND DEATH 6-10 Months
	(This does not mean the mode of dying, e.g., DUE TO				nary congestion	****	5-6 Hours
	ANTECEDENT CAUSES (B)			***************************************			
	rise lo lhe	R CONDITIONS, if obove couse (A) CONDITION lost.					
ATION	TO THE DE	ICANT CONDITIONS C ATH BUT NOT RELA CONDITION CAUSING I	TED TO TH	3 E			
ERTIFICATION	19A. DATE OF		DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
CAL CE	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examiner	21 B. hom etc.)	e, form, foctory, street, of	or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact locations
MEDI	21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED le At		JRY OCCUR?	
	22. I certify t	hat 🕱 (this haspital) attended tl	ne deceased from Sep	tember 10, 1	9 65 to Januar	ry 22, 19.66
	that (XX (we)	ast saw the decease	d alive an d	anuary 22,	1966 and the	at in(my) (aur) apini	an death accurred an the date
			ed abave, (X	(Me) (qiq) (ADADASA)C v	iew the bady after death.		
	23A. SIGNATUR	The same	110	D Maria Alle	nding Med.	Stoff Phys.	1/22/66
	23C. PHYSICIAN NAME (Type	rs pel Anna R. Be	erky	M.D.	23D. ADDRESS		spital, Balto., Md.
244	BURIAL CREW	ATION, 248. DATE		ME of CEMETERY or CRE			town, or countyl (Stote)
254	REMOVAL (Sp.	1 16/6	6 Ba	Ctimere natu	inal Com. 55	4 .	6-are
Vs	JAN 2 4	1966 Relieb	E, Far	Confidence Constitution	Joshu J. Co.	owar & Son	Ine Holling



	ni	00725		BALTIMORE CITY HEA	LTH DEPARTMEN	IT	66	00725
BIR	TH NO.	ME	DICAL EX	AMINER'S	CERTIFICAT	TE OF DEATH	Registered Na	
M.	E CASE NO.							
	NAME OF DEC	EASED				2. DATE AND HOUR PRO		
,	pe or · mm	MARY		FROMMELT		January 20,		11:30 P M
3. 1	PLACE IN BALT	MORE MARYLAND,	WHERE PRONOL	INCED DEAD	A. STATE	ENCE (Where deceased live	d. If institution: res	idence before odmission
FU	LL NAME OF	(IF NOT IN HOSP	ITAL OR INSTITU	JTION, GIVE STREET	Ma	ryland	X SUBAL	
HC	SPITAL OR	ADDRESS OR LO	CATION)			VN (If outside corporate lin	nits, wine KURAL	and give township
0						ltimore 🤧	-02	
U	107 Alt	emarle Stre	eet			RESS (If rurol, give location	1	1018 C
						7 Albemarle St		177
5. !	SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	9. AGE ()		o 1 Yı. If Under 24 Hıs Days Haus Min.
I	Female	White	WIT	OWED	1-2	1-97 35	73	
		PATION (Give kind of w		BUSINESS OR INDUST	RY 11. BIRTHPLACE	(State or foreign country)		TEN OF AT COUNTRY?
	- Perru	- /	1 24	Tron	131	rmoras		6511
	FATHER'S NAM			10.1	14. MOTHER'S M	AIDEN NAME		la a
				Wenon		heren		141
		O EVER IN U.S. ARM		16. SO CIAL SECURITY NO.	17. INFORMANT	1	ADDRES	54 573
1	110	, , , , , , , , , , , , , , , , , , , ,			tand	Assaura as	Ch 1/20	a dana len
	1B.			CAUS	SE OF DEATH	The state of the s	1	INTERVAL BETWEEN
	47	$\mathcal{Z}(X, \mathbb{L})$						ONSET AND DEATH
	DISEAS	E OR CONDITION LEADING TO DEA	TH	Hyne	rtensive a	nd Arterioscle	rotic	
	(This does n	ot meon the mode osthenio, etc. It med	of dying, e.g.,			ar Disease.	10010	***************************************
	injury or con	nplication which couse	d deoth.1	Oa.	Lalovabeal	ar procase.		
	A	NTECENDENT CAU	SES					To la Street
		OR CONDITIONS, IF		DUE TO				
	UNDERLYIN	E ABOVE CAUSE (A)	T.					
Z		The IN		(C)				
ERTIFICATION	OTHER SIGN	II CONDITION	IS CONTRIBUTU	N.C				
100	TO THE	DEATH BUT NOT	RELATED TO T					
RTIF		OPERATION CAUST		WHICH OPERATION	20A AUTOPSY	? (Yes or No) 20B, 1F YES,	WERE FINDINGS	CONSIDERED
CE			ERFORMED	WINGIT O'LKATION	No		IG CAUSES OF D	
AL	21 A. EXTERNA	L CAUSE WAS	218.	PLACE OF INJURY (e.g.		WHERE DID (If in Boltimore	City, give exoct	locotion)
S	UNDERLYING	OR CONTRIB-	home etc.)	, form, foctory, street,	office bldg., INJUR	OCCUR?		
MEDI				TE BUILDING OCCURRED	015 11	OW DID INJURY OCCUR?		
	OF INJURY	(Month) (Doy) (Y		1E. INJURY OCCURRED		OW DID INJURY OCCUR?		
	(APPROX.)			WORK NOT	WHILE WORK			
	22.	ify that I held an	Inquiry 🗌	Inspection X A	utapsy an	d that an this basis, de	ath in my apinio	on
	100 - 100 - 100	ted from: Natural			de Hamici			
	10301	1.010.01	/	1		EDICAL EXAMINER		
	ACTUAL		.011	10		EDICAL EXAMINER		DATE SIGNED
	SIGNAT		vane s	Tally M.		EDICAL EXAMINER	1	1/21/66
	HAME (Type) Charle	s S. Pet	ty, M.D.	ASSOCIATE	EDICAL EXAMINER		1
	A. BURIAL CRE	MATION, 238 DATE		C. NAME of CEMETERY	OI CREMATORY	23D. LOCATION	(City, town, or	county) (Stotel
RE	MOVAL (Specify	il 1-2	2-66	410 CH	aven Cr.	1 Selfen	Sun	and had
	15 1			della bla		110 / 4/6/6/6	10 July	Description of the second

JAN 2 4 1966 P. Co. S. E. Farbrush VS 151-REV, 1/1/65

24C. FUNERAL DIRECTOR



FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT of death Deceased Registered No. BIRTH NO. CERTIFICATE OF DEATH the Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 00 (Type or Print) NG -20 uo hospital death. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND ance A. STATE (2) Cause FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAT and give township) canse; attend 0 O prior contributing ruto, give location hview (4) Undetermined made regular 7. MARRIED, NEVER MARRIED 5. SEX 9. AGE (In years If Under 1 Yr. If Under 1 Yr. Hours If Under 24 Hrs. Hours i Min. deceased WIDOWED, DIVORCED (specily) lost birthday) Mle Married 12. CITIZEN OF WHAT COUNTRY? 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) disposition death = done during most of working life, even if retired) 11914 WS WOS 13. FATHER'S NAME the death kind; LO 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service) 6. SOCIAL final SECURITY NO. attendance 178-05-5322 any pronounced 0 1B. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. examiner regular examiner. injury or complication which caused death.) ANTECEDENT CAUSES who DUE TO are DISEASES OR CONDITIONS, if ony, giving (3) rise to the obave cause (A) stoting the physician UNDERLYING CONDITION lost. the chief medical remains Was medical burns; Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CATIO TO THE DEATH BUT NOT RELATED physician DISEASE OR CONDITION CAUSING IT. the (2) Body 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED the CERTIF 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? where OR CONTRIBUTING CAUSE OF to the hospital °N DEATH (notily medical examiner) etc.) nature; approved by MEDI obtained 21 D. TIME (Month) (Ooy) (Yeor) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR 9 OF INJURY (except While At Not While (APPROX.) Work At-Work and any 22. I certify that (1) (this hospital) attended the deceased from. pe that (1) (we) last sow the deceased alive on... ...19 .G. ond that in(my) (our) opinion death occurred on the date of death) hospital and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. must accident 23A. SION ATURE 23B, DATE SIGNED certificate must 1-20-66 Attending Stoff M.D. Med. Phys. 9 Phys. Director approval Ø 23 C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type the body was An BRIAN H. GROSS UNION MEMORIAL HOSPITAL M.D. 4 24A. BURIAL CREMATION, 24B. DATE deceased 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) D.0. REMOVAL (Specily) shows: Burial 1-24-1966 266 Odd Fellows Cemetery enna. Shamokin Was 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR VS 150-REV, 1/1/65

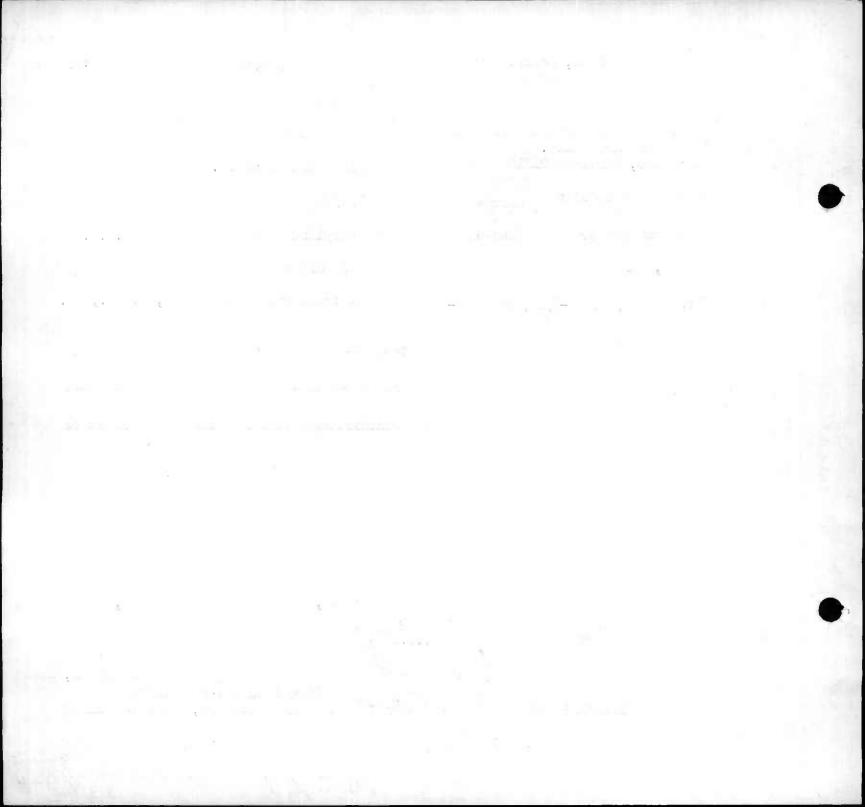
FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		BALTIMORE CIT	Y HEALTH DEPARTMENT	On a	
	TH NO. 66 007	CERTIFICA	ATE OF DEATH	Registered No. 1	1727
1. N	E. CASE NO. IAME OF DECEASED pe or Print)			HOUR OF DEATH	11 1-101-0
``	PLACE OF DEATH IN BALTIMORE, MARYLA	Kanely	Janu	ary 21 196	66 5105 F M.
3, 1	PLACE OF DEATH IN BALTIMORE, MARIE	, ND	4. USUAL RESIDENCE (Where A. STATE B. COUNT)	deceased lived/ if insti	tution: residence before admission)
	FULL NAME OF (If not in hospital or in MOSPITAL OR address or location) NSTITUTION	stitution, give street	c. CITY OR TOWN (If outsi	de city limits, write RU	RAL ond give lownship
1	3		D. STREET ADDRESS (IT I'V)	ove location)	
5	outh Baltimore	General Hospi	2018 K	amsey	STreet
5. 5		WARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	// lo	AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
103	USUAL OCCUPATION (Give kind of work) 108.	I UOVCEC	10-28-24	41	TO CITATEN OF
don	e during most of working life, even if retired)	I A STATE OF BUSINESS OK INDUSTRI	Y 11, BIRTHPLACE (State or foreign	Country	12. CITIZEN OF WHAT COUNTRY?
12	Wireman &	Vesting house	Maryla	nd	4.5.4.
13.	FATHER'S NAME		14, MOTHER'S MAJOEN NAMI	1 5 /	111 .
15	Was Docoosed Ever in U. S. Armed Forces?	ANELY	17. INFORMANT	L. BLA	nKLEIN
(Ye	s, no or unknown) (If yes, give wor or dotes of	service) 16. SOCIAL SECURITY NO.	17. INFORMANT	4	ADDRESS
	NO NONE	219-12-7018	PEARL L. KAN	ELY 2010	
	DISEASE OR CONDITION DIRECT		OF DEATH		ONSET AND DEATH
}	LEADING TO DEATH	(A)	Mysecardial &	Marction	10 ments
ŀ	(This does not mean the made of dyi heart failure, asthenia, etc. It means the injury or camplication which caused dea	ng, e.g., DUE TO disease,			
	ANTECEDENT CAUSES	(B)	ASCUD.	a CHF	
	DISEASES OR CONDITIONS, if any,	giving DUE TO	of the	1 0-	
	rise to the above cause (A) sta UNDERLYING CONDITION lost.	ling the (C)	everes	elleles	
	11	Deal	etre Menhin	athe	
ATION	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.		Electrical	0	
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM		20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?
AL CEI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore C	City, give exact location)
EDIC/		out) 21E. INJURY OCCURRED	21F. HOW DID INJU	ny occurs	
ME	OF INJURY	While At Not Whi		KI OCCOK:	
	(APPROX.)	Work At Work		11-3	
	22. I certify that (4) (this hospital) at	,	ecember 12 19	65 to Janu	axy 2 1960
	that ((we) lost saw the deceased a			In (me) (our) opinio	on death occurred on the date
	and hour and from the causes stated	above. (We) (did) (did)	view the bady ofter deoth.		
	23A. SIGNATURE	Lee M.D. At	tending Med. Si	tofl hy s.	3R DATE SIGNED
	23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	1	
244	PUBLAL CREATATION SAR DAYE	ey M.D.	1213 217	747 S	7
247	REMOVAL (Specily)	24C. NAME OF CEMETERY OF CE	REMATORY 24D. LOG	CATION (City,	town, or county) [Stote]
25 A		NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ALTIMORE,	MO. ADDRESS
		E, Larberth	25C. FUNERAL DIRECTOR GEO. L. J. Charles Harriso JV. M.	Man 21015	elerich line
VS	150-REV. 1/1/65	3 0 W W	0 / 2 6	00.01/170	

De servicio de la latera de la Pédico de forma de la Caldada

1. NAME OF DECEASED (Type or Print) Mills	, Robert Edward	2. DATE AND HOUR OF DEAT	5:45 A
PLACE OF DEATH IN BALTIMOR		4. USUAL RESIDENCE (Where deceased lived. If	
		A. STATE B, COUNTY Maryland	man of same
HOSPITAL OR oddress or	spital or institution, give street location)		te RURAL and give township)
Veterans Administ:	ration Hospital	Baltimore	
3900 Loch Raven B		D. STREET ADDRESS (If rurol, give location)	
Baltimore, Marylan		1206 Cleveland St.	
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years last binhday)	If Under 1 Yr. If Under 24 H Months Days Hours Min.
Male Caucasi		3/3/98 67	10 6777611 05
OA, USUAL OCCUPATION (Give kind dane during most of working life, even if r	of work 10B, KIND OF BUSINESS OR INDUSTRI	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Storeroom Keeper	Unknown	Maryland	U.S.A.
3. FATHERS NAME	•	14. MOTHER'S MAIDEN NAME	
Harry, Mills		Ella Mills	
S. Was Deceased Ever in U. S. Am Yes, na ar unknown) (If yes, give war	ar dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes 11/30/17	or doles of service) 218-10 3724	Veterans Hospital Recor	as, Balto., Ma.
18. 3 2 6 VI	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITIO	N DIRECTLY		
LEADING TO D	\A/	rebrovascular Accident	7 days
(This daes not mean the mo heart failure, asthenia, etc. 11	means the disease,		0
injury or complication which of		oncho-pneumonia	2 weeks
DISEASES OR CONDITIONS	DUE TO	_	
rise to the above cause	(A) stating the (C) Br	onchiectasis and Emphysema	10 years
UNDERLYING CONDITION IS	sl.		
OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU	RELATED TO THE		
19A. DATE OF OPERATION 19E	3. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WEI	RE FINDINGS CONSIDERED
		NO	
OR CONTRIBITING CALISE C	home form foctory street	"in or obout 21 C. WHERE DID (If in Boltin affice bldg., INJURY OCCUR?	nore City, give exact location)
DEATH (notify medical examiner)	etc.)		
21D. TIME (Month) (Doy) OF INJURY		21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Not Wark	hile rk	
22. I certify that ₹ (this ha	spital) attended the deceased from Je	muary 18, 1966 to Jan	uary 21, 19 66
that (1) (we) last saw the de	eceased alive on January 21,	19 66 and that in () (aur) (apinian death accurred an the
	s stated abave. (T) (We) (did) (A)d/n/s	view the bady after death.	
23A. SIGNATURE	1/		23 B. DATE SIGNED
	M.D. M.D.	Med. Stoff Phys. X	January 21, 19
23C. PHYSICIAN'S NAME (Type)	11/1/1 22	23D. ADDRESS 3900 Loch Raven Bo	
	B JOY (Wham D. A.	W Hospital Baltimore, 1	
24A. BURIAL CREMATION, 24B. D.		CREMATORY 24D. LOCATION	(City, town, or county) (State
REMOVAL (Specify)	4/11 -Rat - 10 %-	timber on the	brish - Mue.
sureal P	1/66 brallimost you	256. FUNERAL DIRECTOR	ADDRESS O
25A. DATE REC'D BY HEALTH DEPT	25B. NAME OF REGISTRAR	259. FUNERAL DIMECTOR	WOOKERS TO
IAN 2.4 1986	O fr & falleuma	John Jowan	Lan Inc Heb



			ALTIMORE CITY HEAL				66 00000	
BIR	TH NO. MED	ICAL EX	AMINER'S CI	ERTIFICAT	E OF	DEATH Registe	red Na.	
M	E. CASE NO.							
1.	NAME OF DECEASED				2. DATE ANI	D HOUR PRONOUNCE	ED DEAD	
Пу	FRANCI	S	WEITZEL		Janua	ry 20, 1966	2:10	A M
3. 1	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE	ryland	deceased lived. If insti B. COU	itution: residence before odn JNTY	nission)
FU	LL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOCAL	AL OR INSTITU	TION, GIVE STREET		d	e corporate limits, write	RURAL and give township	0)
INS	TITUTION				1timore		3-68	
ak of	Union Memorial Ho	spital		D. STREET ADDR	ESS (If rurol,	give location)		
1						ngton Stree		
5. 9	Male White		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months Doys Hours	
104	USUAL OCCUPATION (Give kind of wor	Mari	eled OR INDUSTRY	May 14.	1903	62	12. CITIZEN OF	
	e during most of working life, even if retired)				Jiole of lotery	ii coomiy,	WHAT COUNTRY?	
R	uto Mechanic	Anchor	r Motor Fre	ight Md			U.S.	
13.								
1 5	Samuel S. Wei		16. SO CIAL	17. INFORMANT	es Cha	FTK	ADDRESS	
	s, no or unknown); (If yes, give wor or dot		SECURITY NO.	17. INFORMANT			ADDKESS	
	? ?		?	Rose C.	Weit:	zel.2012 0	akington St	
	18. 1 2 1 1 1.		CAUSE	OF DEATH			INTERVAL BET	
	DISEASE OR CONDITION D	DECTI Y					ONSET AND D	PEATH
	LEADING TO DEATH	1	(A) Crani	ocerebral	Tniurv			
13	(This does not meon the mode of heart failure, asthenia, etc. It means	dying, e.g., s the disease,	DUE TO					
6	injury or complication which coused	deoth.)						
	ANTECENDENT CAUS	ES	X CONTRACTOR					
	DISEASES OR CONDITIONS, IF	ANY, GIVING	DUE TO					
	RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.							
Z			(C)	A= 0= 0 A AA	••••••			
E	II .							
ERTIFICATION	TO THE DEATH BUT NOT RE	CONTRIBUTING	IG HE					
TE	DISEASE OR CONDITION CAUSING	G IT.						
CER	19A. DATE OF OPERATION 19B. CON	NDITION FOR V RFORMED	WHICH OPERATION	20 A. AUTOPSY		20B. IF YES, WERE FII	NDINGS CONSIDERED SES OF DEATH?	
ب	EVERNIAL CALLS WAS	1		Yes			Yes	
S	UNDERLYING OR CONTRIB-	home,	form, foctory, street,	in or obout 21 C. W	OCCUR?	Ilt in Boltimore City, gi	ve exoct locotion)	
MEDIC,	UTING CAUSE OF DEATH.	etc.)	Street	Gre	enmount	Ave. & 25t	h Street 7	08
2	21 D TIME (Month) (Doy) (Yes	or) (Hour) 21	IE. INJURY OCCURRED	21 F. HC	N DID INT	JRY OCCUR?		
	(APPROX.) 1 20 6	6 A m, W	HILE AT NOT AT W	WHILE E Dri	ver in	auto-auto c	ollision.	77
	22, I certify that I held an	Inquiry -	Inspection Au	opsy 🔀 and	that on thi	is basis, death in π	ny apinian	
	resulted fram: Natural ca		ccident Suicid			Indetermined manne		
	Tesoffed Hum. Herord Co	NOSES A	Cerdent [23] Sorera				51	
	ACTUAL ()	. 1	1/-			AMINER	DATE SIGN	IED
	SIGNATURE	acles	Telly M.D.	ASSISTANT MI			1/20/66	6
	EXAMINER'S NAME (Type) Char1	es S. Pe	tty, M.D.	ASSOCIATE M	EDICAL E	(AMINER	1/20/08	,
	MOVAL (Specify) 23B. DATE	230	C. NAME OF CEMETERY	CREMATORY	23D. L	OCATION (City,	, town, or county) (St	tote)
	Burial 1/2h	166	Woodlean		Ma	odlawn. Md	4	
24	A. DATE REC'D BY HEALTH DEPT.	248 NAME	OFREGISTRAR	24C. FUNERA	L DIRECTOR	Dawii, Inc	ADDRESS	
	JAN 24 1966 () Ce	JE. JO	With the state of	Quoti	nles	Janamh-	3818 Holand	leve
VS	151-REV. 1/1/65	9 5	6 C 17	7 0	9 0			1
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VS 150-REV. 1/1/65

1. N	AME OF DE	CEASED	361	ICATE OF DEATH Registered No. 3 (1) (2) DATE AND HOUR OF DEATH
		ATH IN BALTIMORE, MA	Marion COULLING	January 19, 1966 M. [4, USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
3. r	LACE OF DE	ATH IN BALTIMORE MA	KI LAND	A. STATE B. COUNTY
-	FULL NAME OF	OF (If not in hospital a oddress or location	or institution, give streel a)	C. CITY OR TOWN (If outside city limits, write RURAL and give fownship)
1		House of Pines	Nursing Home	Baltimore City D. STREET ADDRESS (If furol, give location)
		Baltimore		3801 Roland Ave.
5. S	EX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spec	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
F	emale	White	Widowed	Mar. 15,1871 94 years
IOA	USUAL OCC			OUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
gone	Housew			Virginia (Matthews Co.) U. S.
13.	FATHER'S NA			14. MOTHER'S MAIDEN NAME
W-	illiam	H. Oliver		Sarah E. Minter
15.	Wos Deceose	d Ever in U. S. Armed Form	ces? 1 6. SOCIAL s of service) SECURITY NO.	17. INFORMANT
,, ,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	in yes, give were or seve		Mr. Marion O. P. Coulling 63 Southside Ave.
	18.	0 00 1	none	USE OF DEATH INTERVAL BETWEEN
	DISEA	SE OR CONDITION DIR	RECTLY	ONSET AND DEATH
		LEADING TO DEATH	(A)	Clarke Cardiae Christ
		not mean the made af , asthenia, etc. II means	dying, e.g., DUE	TO
		mplication which caused	death.)	at 1 - 26 - 0.
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	injury ar ca	mplication which caused	DUE any, giving	TO
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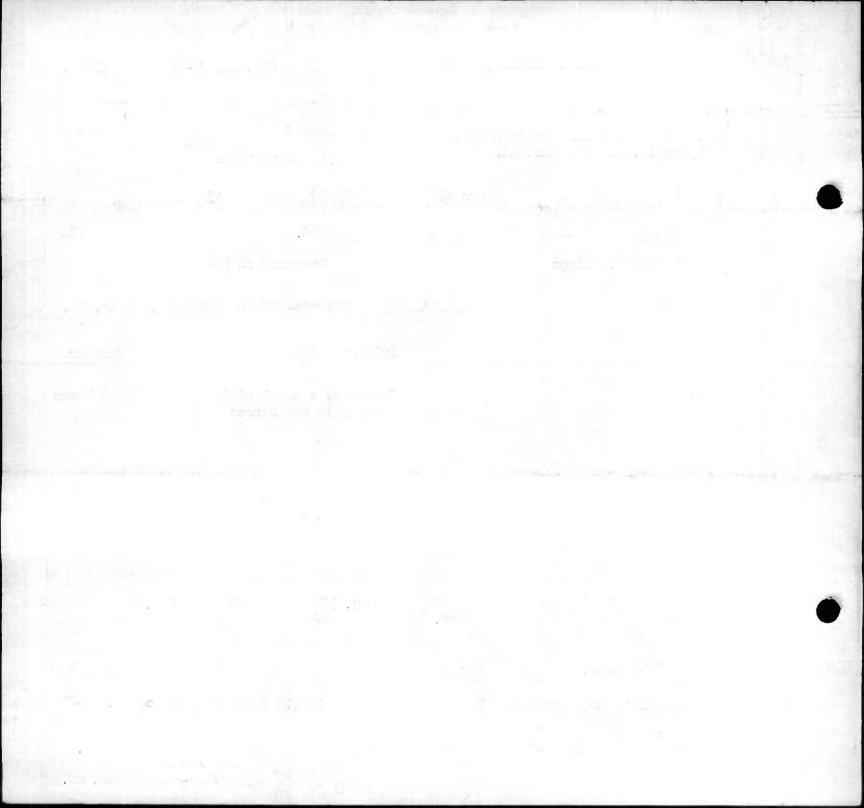
Alder III Married Transport (S. 1977)

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66 00731 Registered Na. C CERTIFICATE OF DEATH BIRTH NO. 2. DATE AND HOUR OF DEATH Jan. 19, 1966 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) C. CITY OR TOWN (If outside city limits, write RURAL and give township) (If rurol, give location) 331 Buena Vista 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. lost birthdoy) Hours 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA Margaret Phipps Records- US PHS Hospital, Balto, Md. INTERVAL BETWEEN ONSET AND DEATH Terminal 7 Years Cancer of stomach with 208. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 21 F. HOW DID INJURY OCCUR? 19 65 to Jan. 19 and that in(my) (aur) apinian death accurred an the date 23B. DATE SIGNED 1/20/66 Phys. US PHS Hospital, Balto, Md. 24D. LOCATION (City, town, or county) (Stote) Annapolis ADDRESS Møme Annapolis. VS 150-REV. 1/1/65

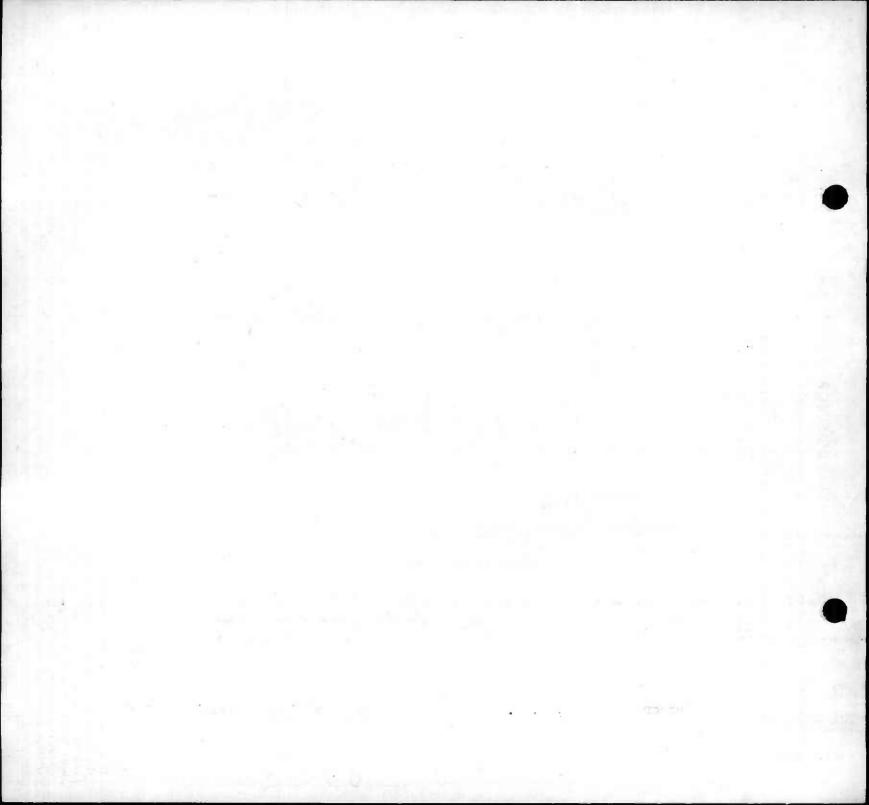
BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

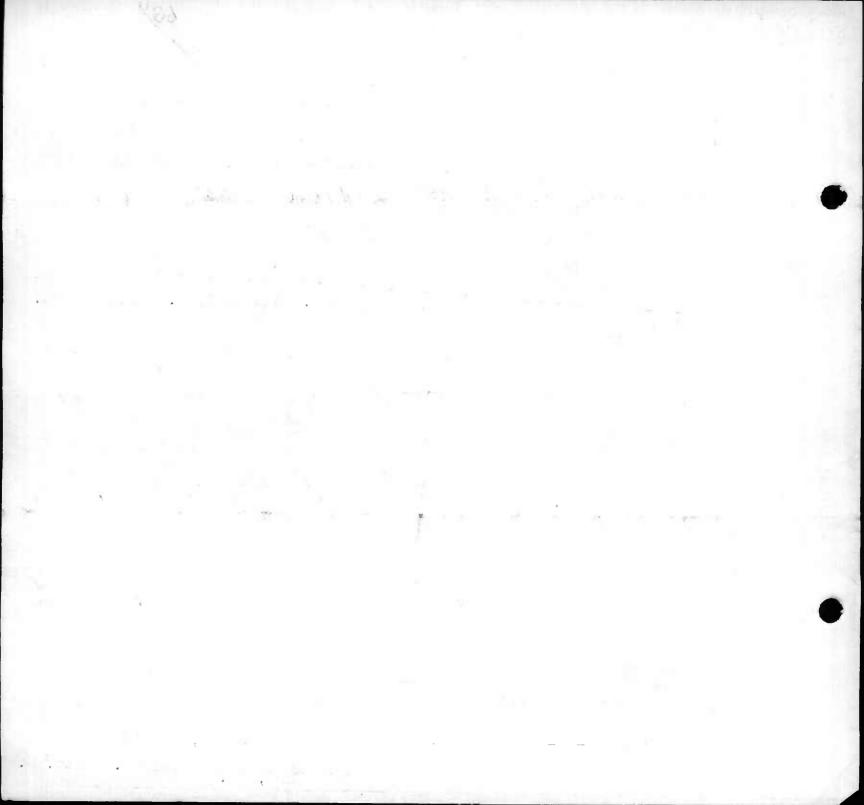


BALTIMORE	CITY	HEAT TH	DEPA	DTMEN

1		BALTIMORE CIT	T HEALTH DEPARTMENT		
M.I	TH NO. E CASE NO. 66 0073	32 CERTIFICA	TE OF DEATH	Registered No.	00732
(Ty	PLACE OF DEATH IN BALTIMORE MARYLAND	Ferrell	2. DATE AND 2. DATE AND 4. USUAL RESIDENCE (Where		12, 13 AM.
	FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location) NSTITUTION	ion, give street	Mary	land.	IRAL ond give township)
13	South Baltimans	Conon-14	D. STREET ADDRESS /III-	ord, give location)	AVC
5. 3	SEX 6. RACE 7. MAR WIDE	RIED, NEVER MARRIED DWED, DIVORCED (specify)		AGE (In years birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	. ÚSUAL OCCUPATION (Give kind of work 108. KIN e during most of working lile, even if retired)	Nont.	11. BIRTHPLACE (Stole or foreig	epuland	12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME white		Jenne	Jorgn	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	7	Sane
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		abetes melli	· Lus	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, heart failule, asthenia, etc. It means the disc injury or complication which coused death.)	e.g., DUE TO	A se VD		
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gi	DUE TO	Sably cerebral h	and we have	
	rise to the obove cause (A) stoting UNDERLYING CONDITION lost.	the (C) 1786	of B	(11)11/11/11/2	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
ERTIFIC	198. DATE OF OPERATION 198. CONDITION I	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(tf in Boltimore (City, give exact location)
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)	While At Not White At Work		RY OCCUR?	
	22. I certify that #Tthis hospital) attend that #(we) last saw the deceased alive	an /- 2	19 66 and tha	t in (aur) apini	on death accurred an the date
	and haur and from the causes stated above 23A. SIGNATURE Vilania Allinia	(e. (!) (We) (did) (did nat)	· · · · · · · · · · · · · · · · · · ·	itoff Phys.	38, DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	M.D.	23D. ADDRESS		/ 6/-66
244	Verner Albertson, M. D. REMOVAL (Specify) 1-24-6	C. NAME OF CEMETERY OF CR		1 -	town, or county) (Stote)
25 A		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	en Burne	ADD RESS
L	150-REV. 1/1/65	TOP ASSESSMENT !	mequery 7.	001000	200



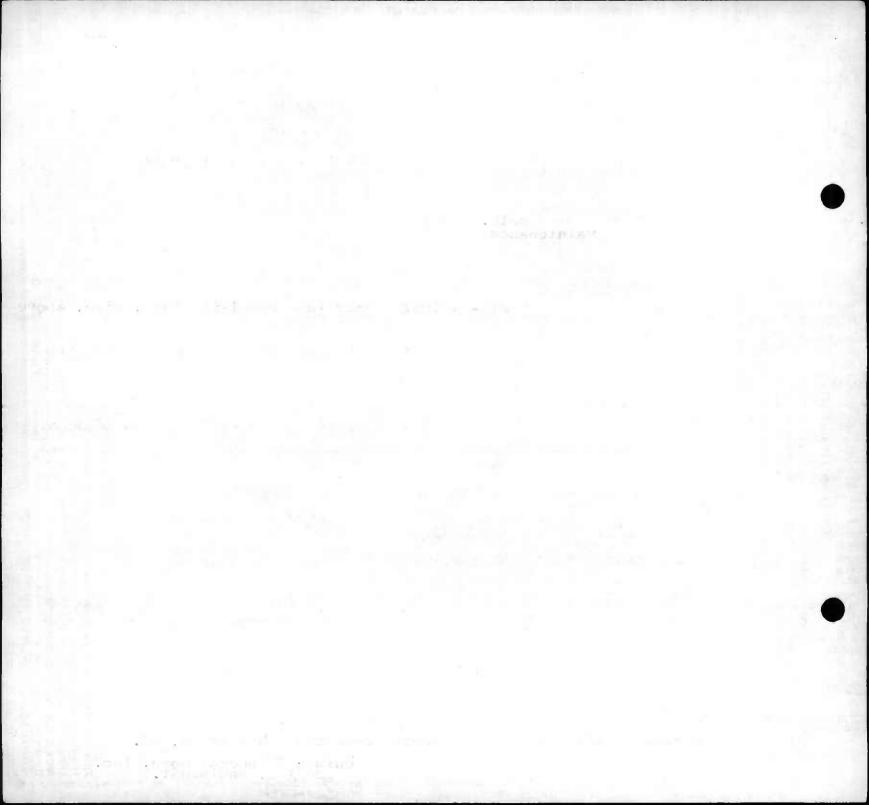
	BALTIMORE CITY	HEALTH DEPARTMENT	00733
	BIRTH NO. M.E. CASE NO. G6 00733 CERTIFICA	TE OF DEATH Registered No.	00733
	1. NAME OF DECEASED (Type or Print) FREDERICK ALBERT 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institut	3 15 A M.
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) INSTITUTION	A. STATE B. COUNTY MARY LAND C. CITY OR TOWN (If outside city timits, write RURA)	I MORE L ond give township)
9	BON SECOURS HOSPITAL	D. STREET ADDRESS (If ruiol, give location) 1913-15 W. BALTIMORE	ST. 21223
is mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED, NEVER MARRIED MIDOWED, DIVORCED (specify) MARRIED, NEVER MARRIED MIDOWED, DIVORCED (specify) MARRIED, NEVER MARRIED MIDOWED, DIVORCED (specify)	1/4/1901 lost birthdoy)	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.
disposition	done during most of working tife, even if retired) FUNERAL DIRECTOR 13. FATHER'S NAME	WEST VIRGINIA	INITED STATES
	TOHN S COLE 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	ANNA S. SMITH	ADDRESS
rtınal	UNKNOWN CAUSE O		altimore St.
o pem	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO	ronchopneymm'a	one most
are emba	heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) slating the UNDERLYING CONDITION lost.	Malpray : Metaslasing	bre years
the remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE BONE DISEASE OR CONDITION CAUSING IT.	umo, Hernix	
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	OF DEATH?
before	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of the contribution of the contr	ffice bldg., INJURY OCCUR?	y, give exact location)
ained	21D. TIME (Month) (Doy) (Yea) (Hour) 21E, INJURY OCCURRED While At Not While At Work		
be obt	22. I certify that N) (this haspital) attended the deceased fram	19 6 6 and that in (Max) (our) opinion	deoth occurred on the dote
al must	Samel C. Clino M.D. Att. Phy	ending Med. Stoff Phys. 238	1 - 19-66
approv	23C. PHYSICIAN'S NAME (Type) SAMUEC C. CHUD M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	Box Secours Hosp: Fal B. EMATORY 24D. LOCATION (City, 1)	off issore. Ma,
written	Entombment 1-22-66 Lorraine Maus 25A. DATE REC'D BY HEALTH DEPT. JAN 24 1956 Co. F. B. January	oleum Woodlawn, Mary 25C. FUNERAL DIRECTOR Cole Funeral Home 1913 Ballimore Md. 21223	yland 3 W. Balto. St
	VS 150-REV. 1/1/65	Baltimore, No. 2122)	



Prediction Company Company (aver) white in the The court and small HIM LETT CARK CHAILES Mc Wencer P. Steweest JUHNS HORKING FOSP DILL - SE

BALTIMORE	CITY	HEALTH	DEPARTMENT
DALIMORE		HEALIN	DELVELMEN

BIRTH NO. M.E. CASE NO. GG 101735 CERTIFICA	ATE OF DEATH Registered No.	3 40735
M.E. CASE NO. I, NAME OF DECEASED Type or Print)	2. DATE AND HOUR OF DEATH	- 117
MR. JAMES V. FURA	1/20/66	8 2 PM
B. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If ins	titution: residence before edmission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write R	URAL and give township)
₩7	BALTIMORE J	
MERCY HOSPITAL FAVE.	D. STREET ADDRESS (If rurol, give location))
	805 N. COLLINGTO	
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spocify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) 11-15-01	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR' one during most of working life, even if refired) Beth. Steel		12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired) Beth. Steel RETIRED Maintenance	BOTTOMORE, MD.	U-S.A
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4.2.1
SOHO FUKA	15-0-5	**
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	ROSE KOUTNI	ADDRESS
'es, no or unknown) (If yos, give war or dates of service) SECURITY NO.		
no 213-09-1057	Mary (nee Pospisil) Fu	ka, wife, above
19 4 X	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	OCAPDIAL INFARCTION) 3 1 DAY
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) stating the UNDERLYING CONDITION lost.	CLUBANT OF RECTUM	? DURATION
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 120. CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF DEATH (notify modical examinar) OR CONTRIBUTING CAUSE OF DEATH (notify modical examinar)	in or obout 21 C. WHERE DID (If in Boltimore	INDINGS CONSIDERED ISSES OF DEATH? City, give exact location)
O I	21F. HOW DID INJURY OCCUR?	
OF INJURY		
Work At Work	· 📙	14.00
22. I certify that (I) (this hospital) attended the deceased from		1/20/66
that (1) (we) ast saw the deceased alive an 815	of 6 19 and that in (my) (aur) opin	ion death occurred an the dat
and have and from the causes stated above. (!) (We)((did) (did nat)		
23A. SIGNATURE		23B. DATE SIGNED
turelis P. Horealu M.D. AP	tending Mod. Director Phys.	1/2/166
23C. PHYSICIAM'S NAME (Type) CUSCRIO P. GOD TALES M.D.	23 D. ADDRESS	7.74
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CE	REMATORY 24D. LOCATION (City	y, town, or county) (State)
REMOVAL (Specify)		
Burial 1/25/66 Holy Redeemen		
JAN 2 4 1986 C. P. A. S. A. S. A. S. S. NAME OF REGISTRAR	Schimunek Funeral Hom 2601 E. MadisonSt	ne, Inc.
/S 150-REV. 1/1/65	0 / 3 /	



1	TH NO.		MEDI	CAL	EXAMINER'S C	ERTIFICAT	TE OF	DEATH Register	red No. 1	10736
-	CASE NO.						To	- Halla Manalalina	D DEAD	
(Ty	NAME OF DEC	EASED					791	D HOUR PRONOUNCE		0 /0 7
			TIMO		TROGAN			nuary 19, 19		9:40 P. M.
3. F	LACE IN BALT	IMORE MAR	LAND, W	HERE PRON	OUNCED DEAD		ence (Where Marylan	deceased lived. If insti-	nty NTY	dence before odmission
FUI	L NAME OF	(IF NOT I	OR LOCA	L OR INST	TITUTION, GIVE STREET	C. CITY OR TOV	VN (II outsid	e corporote limits	RURAL or	nd give township)
	TITUTION					F	Baltimo	ro	1 -	-01
1-)	SINA	I HOSE	TATT		D. STREET ADDI			0	01
0	_							11shire Aven	***	
						ll .				
	Male	6. RACE Whi		WIDO WEE	ed, Never Married o, Divorced(specify) arried	Feb. 26	,1911	9. AGE (In years lost birthdoy) 54		Doys Hours Min.
				108. KIND	OF BUSINESS OR INDUSTR	11. BIRTHPLACE	State or foreig	gn country)	12. CITIZE	T COUNTRY?
	t. Pol		n if retired)	City	Jail	Soubon	. Czec	h.	11110	U.S.A.
	FATHER'S NAM					14. MOTHER'S M	,		-	
		unkn	own				a Urba	in		
	WAS DECEASE				16. SO CIAL SECURITY NO.	17. INFORMANT	1010	THE RESERVE	ADDRESS	
(16:	no	Wi yes, give	war or doles		212-07-8698	Donald	Troja	in, son, abo	ove	
	1B. 4	8.1.			CAUSE	OF DEATH				INTERVAL BETWEEN
	DISEAS	E OR CONE	DITION DIR	ECTLY					- 30	011321 71110 0071111
		LEADING T	O DEATH		/A)		ic car	diovascular		
	(This does not meon the mode of dying, e.g., DUE TO CISEASE								M 0 0 0 0 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	injury or complication which coused death.)									
	Δ	NTECENDEN	IT CAUSE	,					100	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO								*****************************	
	RISE TO TH	E ABOVE CA	USE (A) ST	ATING TH	E					
7	ONDERLIN	io condin	ON LASI.		(C)					• ==== == 0 0 0 d===== 0 mg 0 mag 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ō			1 - 1 -							
¥	OTHER SIGN	II NIFICANT CO	NDITIONS (CONTRIBL	ITING					
H 은	TO THE	DEATH BUT	NOT REL	ATED TO					100	
E		CONDITION			R WHICH OPERATION	20A AUTOPSY	2 (Yas at Na)	20B, IF YES, WERE FIN	IDINGS C	ONSIDERED
CERTIFICATION	3	OTERATION	WAS PERS		K WHICH OFERATION	Yes	: (165 01 140)	IN CERTIFYING CAUS		
_	21 A. EXTERNA	CALLER WA		las			VILLEDE DID	Yes		*
EDICA	UNDERLYING	OR CONTRIB	-	ho	B. PLACE OF INJURY (e.g., ome, form, foctory, street, c.)	office bldg., INJURY	OCCUR?	(if in Boltimore City, giv	re exoct to	ocotion)
ĮΣ	21D TIME	(Month) (D	loy) (Year)	(Hour)	21E. INJURY OCCURRED	21 F. H.C	OW DID INJ	URY OCCUR?		
	OF INJURY (APPROX.)					WHILE ORK				
22. I certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinian							n			
	resul	ted fram: N	atural cau	sesk	Acciden Suicid	e Hamici	de 🗌	Undetermined manne	or 🗌	
			1					KAMINER		
	ACTUAL)/ ~	1.)	100	ASSISTANT M				DATE SIGNED
	SIGNAT		nau	us.	/ ally M.D	•				1-20-66
	EXAMIN NAME (Type)		arles	S. Petty, M.D.	ASSOCIATE M				
	BURIAL CRE		B. DATE		23C. NAME of CEMETERY	CREMATORY	23 D. L	OCATION (City,	town, or o	county) (Stote)
KE	Buria.		1/22/	66	Baltimore C	emetery	E	Baltimore,	Md.	
24/	. DATE REC'D				AE OF REGISTRAR					ADDRESS
	JAN 24	1986	200		alleyMA			Funeral Horel Horel	ome,	inc.
VS	151-REV. 1/1/	65		1,2	6 0 0 0	10 19	679 579			

ford, oc. dos Sougon, Jesundi. Lt. Police Con moods (folio, son, son) TARKON CARTEROUS COMMISSES CONTRACTOR SOLITAINS

Schridt ex Fonerul Base, Illic.

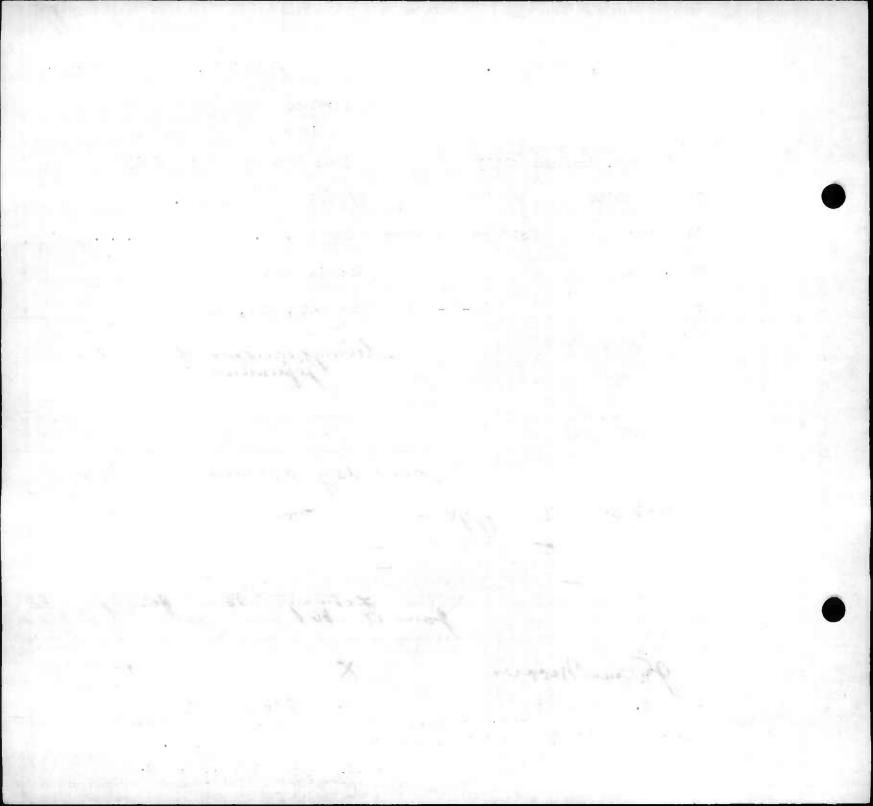
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

VS 150-REV. 1/1/65

BALTIMORE	CITY	HEALTH	DEPARTMEN
DALLIMOKE	CHIL	HEVETH	DELYKIWELL

|--|

BIRTH NO. M.E. CASE NO.	66 90	73'7 CERTIFICA	TE OF DEATH	Registered No.	0 011737		
1. NAME OF DECI				D HOUR OF DEATH			
Crype or rillin	RUTH, CHA	RLES G.	JANU.	ARY 19, 1966	10:30 p A		
FULL NAME O		or institution, give street	A. STATE Maryland	e deceased lived. If ins	titution: residence before admission.		
HOSPITAL OR	oddress or location		Baltimore		JRAL and give township)		
	Cardenas Aver more, Maryla		3462 Cardena	orol, give location) s Avenue 2	21213		
s. sex male	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) married	6. DATE OF BIRTH 9	ost birthdoy) 80 yrs.	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.		
lane during most of v	varking life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF WHAT COUNTRY?		
Brick Lay	er	McCullough Brothers	Baltimore, Md.		U.S.A.		
3. FATHERS NAM	A E		14. MOTHER'S MAIDEN NAM	A E			
John G. R			Cecelia Baker				
Yes, no or unknown	Ever in U. S. Armed Fa (If yes, give war ar dat	os of service) 16. SOCIAL SECURITY NO. 216-09-8987	Mary Ruth, wife	e. above	ADDRESS		
18. / 5 2	7 1	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH		
	E OR CONDITION DI	KECILY (A)	leinizoraia	one of	1 gr.		
heort failure,	ot meon the made a asthenio, etc. Il meon: plication which cause	dying, e.g., DUE TO s the disease, d death.)	jejun	un	V		
	ANTECEDENT CAUSE	DUE TO			ndada me <mark>le</mark> en 1777 n 5 m a nora o com o com a combestica dom a matrida de sa de 7 de 777 d		
rise to the	R CONDITIONS, if abave cause (A) CONDITION last,			2 M O M M MARO O O O O O O O O O O O O O O O O O O			
E TO THE DI	II FICANT CONDITIONS OF EATH BUT NOT REL CONDITION CAUSING	ATED TO THE	ondany are	mille	1/2 gar.		
19A. DATE OF	OPERATION 198. COI	NOTION FOR WHICH OPERATION LEORMED	20 A. AUTOPSY? (Yes or No)	208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?		
OR CONTRIBU	TING CAUSE OF	2/8/PLACE OF INJURY (e.g., inhome, form, factory, street, of	n or about 21C. WHERE DID INJURY OCCUR?	(If in Boltimare	City, give exact location)		
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Not While At Work							
22. I certify that (I) (this hospital) attended the deceased from February 1956 to finance that (I) (we) lost saw the deceased alive on from 17 1966 and that in (my) (our) opinion deaths							
and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
23A. SIGNATU	23A. SIGNATURE M.D. Attending Med. Stoff Phys. Director Phys.						
23C. PHYRICIA NAME (T)	r. Duer Moore		23D. ADDRESS				
24A. BURIAL CREA REMOVAL (S	AATION, 24B. DATE	24C. NAME of CEMETERY OF CRI	3105 Belair F		, town, or county) (State)		
Burial	1/22/6		ery Bal	timore, Md.			
JAN 2	4 1966 O.C.	258, NAME OF REGISTRAR	Schimune k Fune 3331 Brehms La	eral Home, In	ADDRESS NC •		



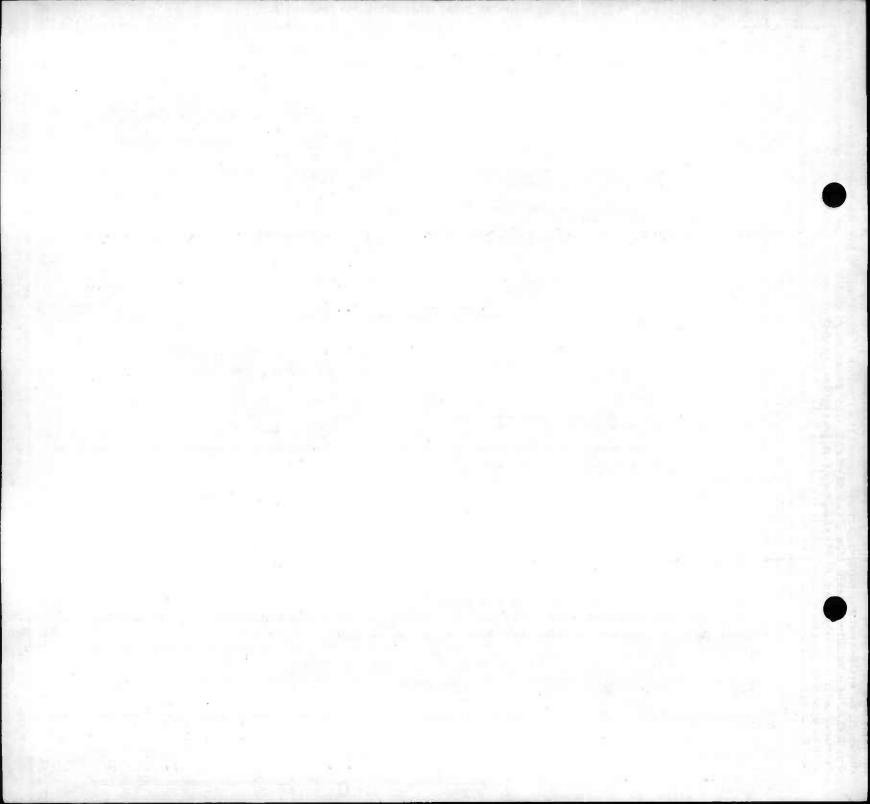
BIR	TH NO. MED	DICAL EX	AMINER'S	CERTIFICATE OF	DEATH Registe	red No
M.	E CASE NO.					
	NAME OF DECEASED pe or Print) EZI	RA DUDDIN	IG		uary 19, 196	
3. 1	PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where A. STATE Mary land	deceosed lived. If insti B. COU	tution: residence before admission)
HO	LL NAME OF (IF NOT IN HOSPI SPITAL OR ADDRESS OR LOC TITUTION		TION, GIVE STREET	C. CITY OR TOWN (If outsid	e corporate limits, write	RURAL and give township)
	JOHNS HO	PKINS HOS	SPITAL	D. STREET ADDRESS (If rurol,	give locotion)	00
	1.02.0	I=			Curley Stree	
5. \$	Male White	WIDO WED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH 9-13-1891	9. AGE (In years lost birthday) 74	Months, Doys, Hours, Min.
	USUAL OCCUPATION (Give kind of we during most of working life, even if retired Cab Driver	ork TOB. KIND OF		VITCINIA	n country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	1		14. MOTHER'S MAIDEN NAM		0,0,,,,
7	Edward			Sarah		
	WAS DECEASED EVER IN U.S. ARME s, no or unknown) (If yes, give wor or do		16. SO CIAL SECURITY NO.	Mrs. Rebecca	Dudding	ADDRESS
-	NO		CALL	E OF DEATH	ey St., Ba	INTERVAL BETWEEN
	14221		CAUS	E OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DEAT	DIRECTLY	Arter	iosclerotic card	iovacoular	
Н	(This does not meon the mode	of dying, e.g.,	(A) DUE TO			
	heart failure, asthenia, etc. It mean injury or complication which caused	ns the diseose.	201 10		lisease	
	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A)	ANY, GIVING	(B) DUE TO		100, 0040 0000 000	
Z	UNDERLYING CONDITION LAST		(C)	:000000""F00000" (00000000000000000000000		· · · · · · · · · · · · · · · · · · ·
은	II				DEFECT OF	
CERTIFICATION	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN	RELATED TO T				
CERT		ERFORMED	VHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN CERTIFYING CAUS	
A	21A, EXTERNAL CAUSE WAS	218.	PLACE OF INJURY (e.g.	in or obout 21C. WHERE DID	[(If in Boltimore City, given	ve exact location)
MEDICAL	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	home,	form, foctory, street,	office bldg., INJURY OCCUR?		
2	21D TIME (Month) (Doy) (Ye	or) (Hour) 2	E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
	(APPROX.)		HILE AT NOT	WHILE		
	22. I certify that I held an	Inquiry 🗌		utopsy and that on the	s bosis, deoth in m	ny opinion
T	resulted from: Notural c	ouses X A	colden Suich	de Homicide U	Indetermined monne	er .
	6/	,	/_	CHIEF MEDICAL EX	AMINER _	DATE SIGNED
	SIGNATURE (reles 1 1	esty Mol	. ASSISTANT MEDICAL EX	AMINER E	1-20-66
	EXAMINER'S NAME (Type)	Charles	S. Petty, M.	ASSOCIATE MEDICAL EX	KAMINER .	1-20-00
	BURIAL CREMATION, 238 DATE	/	C. NAME OF CEMETERY	1 1	OCATION (City,	town, or county) (Stote)
2	Durial	2-66 (olen flave	5	len Durn	ie, Mid.
24/	JAN 24 1966	248. NAME	OF REGISTRAR	Nicholas 7	Matthe	ADDRESS WS
VS	151-REV, 1/1/65	7 3 7	an Lice Mill	3021 Eas	tern Ave,	, Daltimore, Me
	101-10-17 1/1/00	2	2 2 2 2			

1-22-26 Glen Harry Greekey Glen Burnie, Md. Nichelle II Metther Buther M

IMPORTANT DIRECTOR: FUNERAL

0

BALTIMORE CITY HEALTH DEPARTMENT Registered No.66 00 4. USUAL RESIDENCE (Where deceased lived. If institution: residence (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Mrs. Josephine Luczkowski, Crosswood INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ...and that in(my) (aur) apinion death accurred an the date 23B. DATE SIGNED 22-66 CNy (fow) Xr county) Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS & SONS, 1808 EASTERN AVE VS 150-REV. 1/1/65

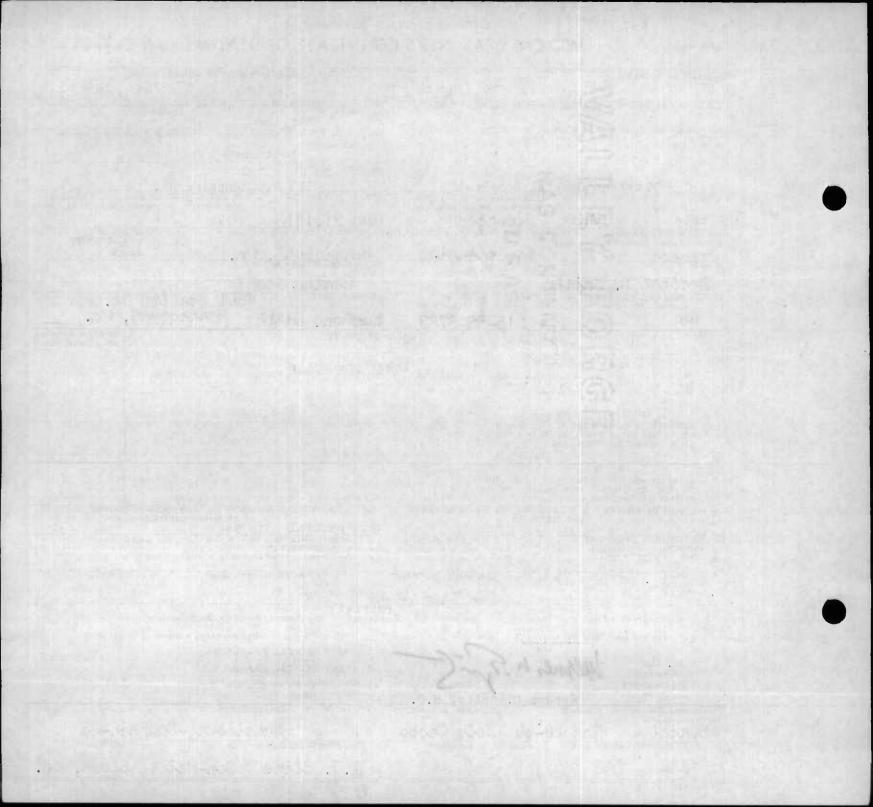


	BALTIMORE CITY	Y HEALTH DEPARTMENT	C HAMILA
	RTH NO. 66 00740 CERTIFICA	TE OF DEATH Registered No.	6 00710
1.	N.E. CASE NO. NAME OF DECEASED ype or Pinth	2. DATE AND HOUR OF DEATH	
	PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceased lived, if in	5.90 Pm.
5.	TEACE OF DEATH IN BALLIMONS, IMARIENTO	A. STATE B. COUNTY	stitution: residence before damission)
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) INSTITUTION	C, CITY OR TOWN (If outside city limits, write R	URAL ond give township)
7	MONTEBELLO STATE HOSPITAL	BALTIMORE	53-00
	MISNIE DECEC - 1.1.10 1103 FILME	D. STREET ADDRESS (If rurol, give location)	
5,	SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	WIDOWED, DIXORCED (specify) NEVER MARRIED	11-10-01 lost birthdox/	Months Doys Hours Min.
	SA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
17	DOMESTIC	1110	0,5.
	Ι Μ	14. MOTHER'S MAIDEN NAME	
1.5	JEFFER SUN 11 LLER 5, Wos Deceased Ever in U. S. Armed Forces? 116. SOCIAL	Louise ///X	ADDRESS
(Y	es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	HOSPITAL RECORD	
-	18. 7 / CAUSE O	13 31.70	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO	RCINOMA OF CERVIX	8 11105.
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)		
	ANTECEDENT CAUSES (B)		99 99 a
ı	DISEASES OR CONDITIONS, if ony, giving		
	rise to the obave cause (A) stoling the UNDERLYING CONDITION lost.		
١,	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20 A. AUTOPSY? (Yes of No) 20 B. IF YES, WERE F	INDINGS CONSIDERED
, ,	J 21A. ACCIDENT WAS UNDERLYING	in or obout 21 C. WHERE DID (If in Baltimore	City, give exact location)
-	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	ffice bldg., INJURY OCCUR?	
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	(APPROX.) While At Not White At Work At Work		
	22. I certify that (H)(this hospital) attended the deceased fram	9-27 196210	1-21 1966.
	that (I) (we) last saw the deceased alive on	19.66and that in(my) (aur) apin	ian death accurred an the date
	and haur and from the causes stated above. (I) (We) (did) (did hat)	view the body after death.	
	23A SIGNATURE A Comperatore M.D. AH	ending Med. Stoff	23B. DATE SIGNED
	23C.PHYSICIANS	23D. ADDRESS	1-1-66
	Irving L. Gooperstein M.D.	MONTEBELLO STATE	HACO BALTO MA
2	AA. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CR		y, town, or county) (State)
	Burial 1/24/1966 Moreland Memoria:	l Park Baltimore, Md.	
2	SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR Eugenia K. Seitz 5209 Yor	ADDRESS
	JAN 2 4 1966 P. C. S. F. J.	Eugenia K. Seitz 5209 Yor Spitz Fumeral Home Balto.	Md. 21212



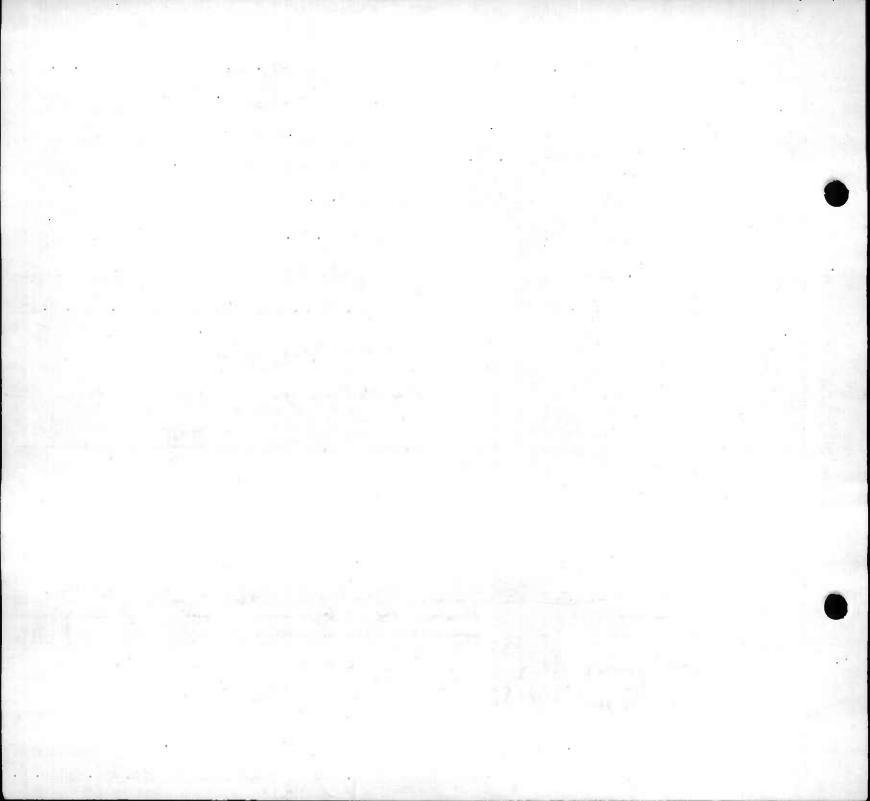
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No.

BIRT	H NO.		MEDIC	CAL EX	XAM	INER'S	CERTIF	ICATI	E OF L	DEATH Registe	ered No.	
M.E	CASE NO.											
1. N (Тур	AME OF DEC	CEASED	Ca	arl H	ł.	Smith		2	DATE AN	1/1	8/66	2:10 a. M.
		TIMORE, MARY					4. USU A. STA	AL RESIDEN	arylan	deceased lived. If ins B. CO	titutian: resid UNTY	dence before admission
HOS	L NAME OF	(IF NOT II ADDRESS	N HOSPITAL	L OR INSTIT	UTION.	GIVE STREET	c. cim	OR TOWN	Balti	e carporate limits, writ	e RURAL or	nd give tawnship)
8	M		C	1 11-0-			D. STRI		SS (If rural,	give location)		21
5. S I		aryland 6. RACE		7. MARRIED		MARRIED	8. DATE	OF BIRTH	25 5.	Cheapside S		1 Yr. If Under 24 Hrs.
	male			WIDO WED,	DIVORC		GNO	2.1.19	913	1ast birthday) 52		Days Haurs Min.
						ESS OR INDUST	RY 11. BIRT	HPLACE (St	ote or foreig	n country)	12. CITIZI	EN OF
P	PARET.	warking life, ever	n if retired)	Dry .	clea	ning	Hav	risb	wa.	Pa.	is	COUNTRY?
13. F	HOR NOR	t L. Sr	nith						DEN NAM			
15. V		D EVER IN U.		FORCES?	16, SO (CIAL	17. INFO		a Sta	(CA A	P ADDRESS	+
		(If yes, give v				3755	0		Smith	4501 Berk Harris	/	Pa.
	18.			210	-00-		SE OF DE		Olle O Oll		0 /	INTERVAL BETWEEN
ERTIFICATION	DISEASES RISE TO TH UNDERLYIF	LEADING T not mean the asthenia, etc. mplication whice ANTECENDEN OR CONDITION LE ABOVE CAI NG CONDITION III NIFICANT CO DEATH BUT	made of it means the caused do it CAUSES ONS, IF AN USE (A) ST, ON LAST.	the disease. eath.) NY, GIVING ATING THE	ING	(A) LO DUE TO (B) DUE TO (C)	bar pr	neumon	ia			
CERTIFI		R CONDITION	CAUSING	IT.		OPERATION	20 A.	AUTOPSY?	(Yes ar Na)	208. IF YES, WERE F		
CAL	UNDERLYING	L CAUSE WA	-	21 B. ham etc.	e, form,	OF INJURY (e.g factory, street,	, in ar aba affice bid	parti.	HERE DID	YES (If in Baltimare City, g	ive exact la	ecotion)
Σ	21D TIME OF INJURY (APPROX.)	(Manth) (D	ay) (Year)		WHILE WORK	URY OCCURRE	T WHILE WORK	21 F. HOV	M DID INJU	JRY OCCUR?		
	22. I cer	tify that I he	ld on In	quiry 🗌			Parti		that on th	Is bosis, deoth in	my opinlo	n
	resul	Ited from: N	oturol cou	ses X	Accide	nt Suic	ide 🗌	Homicide	e 🗌 📗	Indetermined monr	er _	
	ACTUA SIGNAT		elrne	, h C	2	C M.				AMINER		DATE SIGNED
	EXAMIN NAME (Werne	er U. S	<i>y</i> Spitz	, M.D.	ASSOC	CIATE ME	DICAL E	XAMINER	1	./18/66
	BURIAL CRE		B. DATE	2	3C. NAN	AE of CEMETER	or CREM	ATORY	23 D. L	OCATION (City	, tawn, ar	caunty) (State)
	Burial	10	an 20	-66	Hole	· Cross			Han	risbura-s	auphi	n-Pa
		BY HEALTH	DEPT.	24B, NAMI		SISTRAR	240	C. FUNERAL	L DIRECTOR		-	ADDRESS
	JAN	2 4 1966	R.O.,	52.	Falls	MAN .	J	.F. E	line	& Son-Rei	sters	stown, Ind.
VS	151-REV. 1/1/	/65		7 6	6		00	77	1 0			



FUNERAL DIRECTOR: must be approved by the chief medical examiner. accident of any nature; (2) Body burns; (3) A fractual hospital (except where the physician who provite death); and (6) No physician was in regular all must be obtained before the remains are embal	IMPORTANT	Also, if the direct or cree of any kind; (4) Undernounced death was in attendance on the decemed or final disposition
This certificate the body was shows: (1) An a was D.O.A. at deceased prior	FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death the body was released to the hospital by a medical examiner. Also, if the direct or conshows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Underwas D.O.A. at a hospital (except where the physician who pronounced death was in deceased prior to death); and (6) No physician was in regular attendance on the decentiven approval must be obtained before the remains are embalmed or final disposition

	AME OF DECEASE	ED			2. DATE AN	D HOUR OF DEAT	Н
	pe or Print)	David M.	Baum		Jan.	20,1966	institution: residence before odmi
3. F	LACE OF DEATH	IN BALTIMORE, MA	RYLAND	4. USUAL RI A. STATE	SIDENCE (When B. COUN	e deceased lived. If	institution: residence before odmi
-	FULL NAME OF	(If not in haspital	or institution, give street		Marylar	nd ə	f-16
1	HOSPITAL OR	oddress or location	1)	C. CITY OR	TOWN (If out	side city limits, write	e RURAL ond give lownship)
-					Baltimo	ore	
1	Sin	ai Hospital	Ralto, Md.	D. STREET A		rurol, give location)	
5. 5		RACE	7. MARRIED, NEVER MARRIED	8. DATE OF 8		salind Ave	
J+ 3			WIDOWED, DIVORCED (spec	cify)		lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours N
IOA	Male USUAL OCCUPAT	White	Married 108. KIND OF BUSINESS OR INC	Sept.1	.7,1896 CE (State or fore)	69	12. CITIZEN OF
		ing life, even if retired)			00 (0.0.0	g	WHAT COUNTRY?
12	Male Nurse			Balto	Md.	A P	
13.	FATHER'S NAME			14. MOTHER	MAIDEN NAM	VI E	
	Moses H	. Baum			Elhan		
15. (Yes	Was Deceased Ever	Baum or in U. S. Armed Foreyes, give wor or dote	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMA	NT		ADDRESS
		1919-1920			ra B. Baur	n 3026 Rosa	21215 lind Ave.Balto.Md.
	18. 2/2	1	CA	USE OF DEATH	2000		INTERVAL BETWEEN
		OR CONDITION DIR	RECTLY	n		/ /	A AND DEAT
		ADING TO DEATH	(A)	reute	magca	dial	1 day
	hearl foilure, osth	meon the made of henio, etc. It meons	the disease,	Acute Hyperter	in Tana	1502	Several Several
	1.7	olian which caused	death.)	Lanoto.	. 540	and same	Several
		RECEDENT CAUSES	DUE DUE	10/ Cu (a.	- disee	ice	7 7 5
		CONDITIONS, if above cause (A)					
	UNDERLYING CO		siding the (C)				999 900 000 000 000 000 000 000 000 000
		- 11					
		ANT CONDITIONS C					
ION			7			V 005 15 150	E SINDINGS CONSIDERED
CATION	TO THE DEAT	TH BUT NOT RELA NDITION CAUSING I		I TONA ATTE	Speva /Ve bl-		
TIFICATION	TO THE DEAT	TH BUT NOT RELA NDITION CAUSING I	DITION FOR WHICH OPERATION	20A. AUTO	OPSY? (Yes or No	IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
CERTIFICATION	TO THE DEAT DISEASE OR CON	TH BUT NOT RELA NDITION CAUSING I ERATION 198. CON WAS PERF	DITION FOR WHICH OPERATION				
	TO THE DEAT DISEASE OR COM 19A. DATE OF OPI 21A. ACCIDENT V OR CONTRIBUTION	TH BUT NOT RELANDITION CAUSING I' ERATION 19B. CON WAS PERF WAS UNDERLYING G CAUSE OF	DITION FOR WHICH OPERATION				ore City, give exact locotion)
	TO THE DEAT DISEASE OR CON 19A-DATE OF OPI 21A-ACCIDENT V OR CONTRIBUTION DEATH (notify med	ERATION 19B. CON WAS PERF	DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJUR home, form, foctory, sietc.)	Y (e.g., in or obout 21C treet, office bldg., INJI	WHERE DID URY OCCUR?	(If in Boltim	
-	TO THE DEAT DISEASE OR CON 19A-DATE OF OPI 21A. A CCIDENT WOR CONTRIBUTION DEATH (notify med 21D. TIME OF INJURY	TH BUT NOT RELANDITION CAUSING I' ERATION 19B. CON WAS PERF WAS UNDERLYING G CAUSE OF	DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJUR' home, form, foctory, si etc.) (Hour) 21E. INJURY OCCURRI	Y (e.g., in or obout 21 C treet, office bldg., INJI ED 21 F.		(If in Boltim	
	TO THE DEAT DISEASE OR CON 19A-DATE OF OPI 21A. ACCIDENT VOR CONTRIBUTION DEATH (notify med 21D. TIME OF INJURY (APPROX.)	H BUT NOT RELA NDITION CAUSING I' FERATION 198, CON WAS PERF WAS UNDERLYING CAUSE OF dicol exominet) Nonth) (Doy) (Year)	DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY home, form, foctory, sietc.) (Hour) 21E. INJURY OCCURRI While A1 Nork	Y (e.g., in or obout 21C treet, office bldg., INJI ED 21F. of While 1 Work	WHERE DID JRY OCCUR?	(If in Boltim	ore City, give exact location)
	TO THE DEAT DISEASE OR CON 19A-DATE OF OPI OR CONTRIBUTION DEATH (notify med 21D. TIME OF INJURY (APPROX.)	H BUT NOT RELA NDITION CAUSING I' FERATION 198. CON WAS PERF WAS UNDERLYING G CAUSE OF dicol exominet Onth) (Doy) (Year)	DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY home, form, foctory, sietc.) (Hour) 21E. INJURY OCCURRI While AI Nork A	Y (e.g., in or obout 21C treet, office bldg., INJI ED 21F. of While 1 Work	WHERE DID JRY OCCUR?	(If in Boltim	ore City, give exact location)
	TO THE DEAT DISEASE OR CON 19A-DATE OF OPI OR CONTRIBUTION DEATH (notify med 21D. TIME OF INJURY (APPROX.)	H BUT NOT RELA NDITION CAUSING I' FERATION 198. CON WAS PERF WAS UNDERLYING G CAUSE OF dicol exominet Onth) (Doy) (Year)	DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY home, form, foctory, sietc.) (Hour) 21E. INJURY OCCURRI While A1 Nork	Y (e.g., in or obout 21C treet, office bldg., INJI ED 21F. of While 1 Work	WHERE DID JRY OCCUR?	(If in Boltim	ore City, give exact locotion)
	TO THE DEAT DISEASE OR CON 19A-DATE OF OPI 21A. A CCIDENT WOR CONTRIBUTION DEATH (notify med 21D. TIME OF INJURY (APPROX.) 22. I certify that that (I) ()	THE BUT NOT RELANDITION CAUSING IT FERATION 19B. CON WAS PERF WAS UNDERLYING G CAUSE OF dicol exominet) Annth (Doy) (Year) Anth (I) (this bospital at saw the decease	DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY home, form, foctory, sietc.) (Hour) 21E. INJURY OCCURRI While AI Nork A	Y (e.g., in or obout 21C treet, office bldg., INJI ED 21F. of While 1 Work 19 19 40	WHERE DID JRY OCCUR?	(If in Boltim	ore City, give exact locotion)
	TO THE DEAT DISEASE OR CON 19A-DATE OF OPI 21A. A CCIDENT WOR CONTRIBUTION DEATH (notify med 21D. TIME OF INJURY (APPROX.) 22. I certify that that (I) ()	THE BUT NOT RELANDITION CAUSING IT FERATION 19B. CON WAS PERF WAS UNDERLYING G CAUSE OF dicol exominet) Annth (Doy) (Year) Anth (I) (this bospital at saw the decease	DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY home, form, foctory, sietc.) (Hour) 21E. INJURY OCCURR While At Nork A	Y (e.g., in or obout 21C treet, office bldg., INJI ED	WHERE DID JRY OCCUR?	(If in Boltim	ore City, give exact location)
	TO THE DEAT DISEASE OR CON 19A-DATE OF OPI 21A. ACCIDENT VOR CONTRIBUTION DEATH (notify med 21D. TIME OF INJURY (APPROX.) 22. I certify that that (I) (we) las and haur and from the contribution of the cont	THE BUT NOT RELANDITION CAUSING IT FERATION 19B. CON WAS PERF WAS UNDERLYING G CAUSE OF dicol exominet) Annth (Doy) (Year) Anth (I) (this bospital at saw the decease	DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY home, form, foctory, sietc.) (Hour) 21E. INJURY OCCURR While At Nork A	Y (e.g., in or obout 21C treet, office bldg., INJI ED 21F. of While 1 Work 19 19 19 19 19 19 19 19 19 19 19 19 19	WHERE DID JRY OCCUR?	(If in Boltim	ore City, give exact location) example 19 form 19
	TO THE DEAT DISEASE OR CON 19A-DATE OF OPI 21A. A CCIDENT VOR CONTRIBUTION DEATH (notify med 21D. TIME OF INJURY (APPROX.) 22. I certify that that (I) (we) los and haur and from 23A. SIGNATURE 23C. PHYSICIAETS	THE BUT NOT RELANDITION CAUSING IT FERATION 19B. CON WAS PERF WAS UNDERLYING G CAUSE OF dicol exominet) Annth (Doy) (Year) Anth (I) (this bospital at saw the decease	DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY home, form, foctory, sietc.) (Hour) 21E. INJURY OCCURRING While A1 North A Action and the deceased from the deceased	Y (e.g., in or about 21C treet, office bldg., INJI ED 21F. of While 1 19 0 19 19 19 19 19 19 19 19 19 19 19 19 19	HOW DID INJ	(If in Boltim	pinian death accurred an th
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MEDICAL	TO THE DEAT DISEASE OR CON 19A-DATE OF OPI 21A. A CCIDENT WOR CONTRIBUTION DEATH (notify med 21D. TIME OF INJURY (APPROX.) 22. I certify that that (I) (we) has and hour and from 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	THE BUT NOT RELANDITION CAUSING IT FERATION 198. CON WAS PERF WAS UNDERLYING GO CAUSE OF dicol exominer Onth (1) (this baspital st saw the decease am the causes state Proceeding Cause of C	DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY home, form, foctory, sietc.) (Hour) 21E. INJURY OCCURRING While A1 North A Action and the deceased from the deceased	Y (e.g., in or obout 21C treet, office bldg., INJI ED	HOW DID INJUNCTION OF Park	(If in Boltim	pinian death accurred an th
MEDICAL	TO THE DEAT DISEASE OR CON 19A-DATE OF OPI 21A. ACCIDENT VOR CONTRIBUTION DEATH (notify med 21D. TIME OF INJURY (APPROX.) 22. I certify that that (I) (we) los and haur and from 23A. SIGNATURE AME (Type)	THE BUT NOT RELANDITION CAUSING IT FERATION 198. CON WAS PERF WAS UNDERLYING GO CAUSE OF dicol exominer Onth (1) (this baspital st saw the decease am the causes state Proceeding Cause of C	DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY home, form, foctory, sietc.) (Hour) 21E. INJURY OCCURRI While A1 North A Action And Action Action (Action of Action Act	Y (e.g., in or obout 21C treet, office bldg., INJI ED	HOW DID INJ	(If in Boltom URY OCCUR? 19 6 5 ta	pinian death accurred an the
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WEDICAL	TO THE DEAT DISEASE OR CON 19A-DATE OF OPI 19A-DATE OF OPI 21A. A CCIDENT WOR CONTRIBUTION DEATH (notify med 21D. TIME OF INJURY (APPROX.) 22. I certify that that (I) (we) las and haur and from 23A. SIGNATURE 23C. PHYSICIAM'S NAME (Type) 1. BURIAL CREMAT REMOVAL (Speciemoval	H BUT NOT RELANDITION CAUSING IT FERATION 198. CON WAS PERF WAS UNDERLYING CAUSE OF dicol exominer) Onth (1) (this baspital st saw the decease am the causes state Cause of Cause of Cause of Cause am the causes state Cause of Cause of Cause and the C	DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY home, form, foctory, sietc.) (Hour) 21E. INJURY OCCURRI While A1 North A Action Acti	Y (e.g., in or obout 21C treet, office bldg., INJI ED	HOW DID INJ	(If in Boltim URY OCCUR? 9 6 5 ta	pinian death accurred an fill 238. DATE SIGNED 238. DATE SIGNED 20 6 6 75 Mare. City, town, or county) (129
WEDICAL	TO THE DEAT DISEASE OR CON 19A-DATE OF OPI 19A-DATE OF OPI 21A. A CCIDENT WOR CONTRIBUTION DEATH (notify med 21D. TIME OF INJURY (APPROX.) 22. I certify that that (I) (we) las and haur and from 23A. SIGNATURE 23C. PHYSICIAM'S NAME (Type) 1. BURIAL CREMAT REMOVAL (Speciemoval	H BUT NOT RELANDITION CAUSING IT FERATION 198. CON WAS PERF WAS UNDERLYING GO CAUSE OF dicol exominer) Onthi (Doy) (Year) It (I) (thic baspital of saw the decease am the causes state Of Market Control Of Market Control	218. PLACE OF INJURY home, form, foctory, si etc.) (Hour) 21E. INJURY OCCURRI While At A Actioned the deceased from and alive an Action (did) (did) (Hour) 21E. INJURY OCCURRI While At A Actioned the deceased from the decease	Y (e.g., in or obout 21C treet, office bldg., INJI ED	HOW DID INJ	(If in Boltim URY OCCUR? 9 6 5 ta	pinian death accurred an to the state of the



written approval must be obtained before the remains are embalmed or final disposition is made.

was D.O.A. at a hospital

Such

death.

0

prior

attendance on the

a hospital and

	BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO. 66 00743	CERTIFICA	TE OF DEATH Registered No.	sc 00743
M.E. CASE NO.	OERTH 107	2, DATE AND HOUR OF GEATH	7.5
1. NAME OF DECEASED (Type or Print)			
RUTH NICHOLS		January 19, 1966	1 а.м
3. PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Where deceosed lived. If in A. STATE B. COUNTY	stitution: residence before odmission)
FULL NAME OF (If not in haspital ar in HOSPITAL OR address or location)	nstitution, give street	Maryland	-03
INSTITUTION		C. CITY OR TOWN (If autside city limits, write-	RURAL and give tawnship)
1301 Argonne D	rive	Baltimore	
00		O. STREET ADORESS (If rural, give location)	
		1301 Argonne Drive	
5. SEX 6. RACE 7.	MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	widowed, pivorced (specify) married	April 25, 1894 birthdoy 71	If Under 1 Yr. If Under 24 Hrs. Months Ooys Hours Min.
done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF WHAT COUNTRY?
housewife		Johnsville, Fred. Co., Md.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Dr. Frank H. Sidwe		Georgie R. Nichols	
(Yes, na or unknown) (If yes, give wor or doles of		17. INFORMANT	AODRESS
	SECORITI NO.	Mr. James H. Jones	same
1B. /55, / I	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	TLY		
LEADING TO DEATH	(A) Ca:	rcinoma Common duct	l year
(This does not mean the made of dy heart failure, asthenia, etc. It means the	disease,		
injury or camplication which caused de	om.)	tastasis to liver	3 months
ANTECEDENT CAUSES	(B) Me	captable to II 4 c1) MOHORB
DISEASES OR CONDITIONS, if any			
rise Ia Ihe abave cause (A) sla UNDERLYING CONDITION last.			
11			
DISEASE OR CONDITION CAUSING IT.	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE	FINDINGS CONSIDERED
WAS PERFORM	MED	no IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 210. TIME (Month) (Doy) (Year) (F	21B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	in or about 21 C. WHERE DID (If in Baltimare office bldg., INJURY OCCUR?	City, give exact location)
O 210. TIME (Month) (Doy) (Year) (H	Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	While At I Not Wh		
(APPROX.)	Wark At World		
22. I certify that (!) (this-lie-spitel) of	tended the deceased from D	ec. 20 19 65 to Jan	. 19 1966
that (1) (we) lost sow the deceased a	live on Jan. 18	1966 ond that in(my) (our) opi	
ond hour and from the couses stated			
23A, SIGNATURE			23 B. OATE SIGNED
	son. MOM.D. A	Med. Stoff Phys.	Jan. 19, 1966

23C. PHYSICIAN'S NAME (Type)

Rd Balto

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

(City, town, or county) (State)

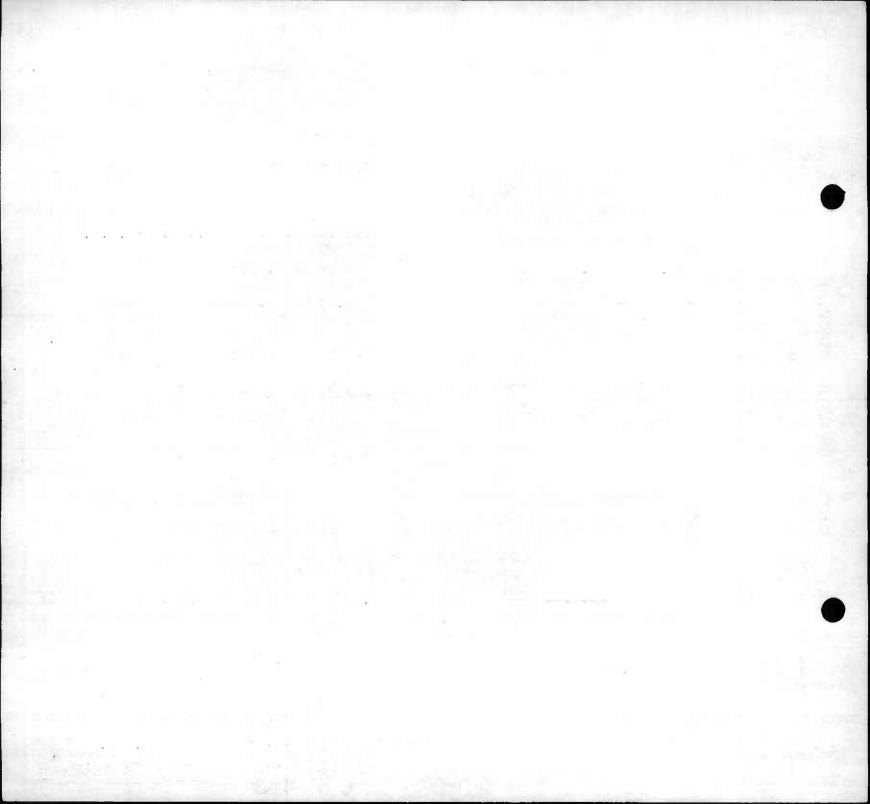
1/22/66

VS 130-REV. 1/1/65

Central Cemetery

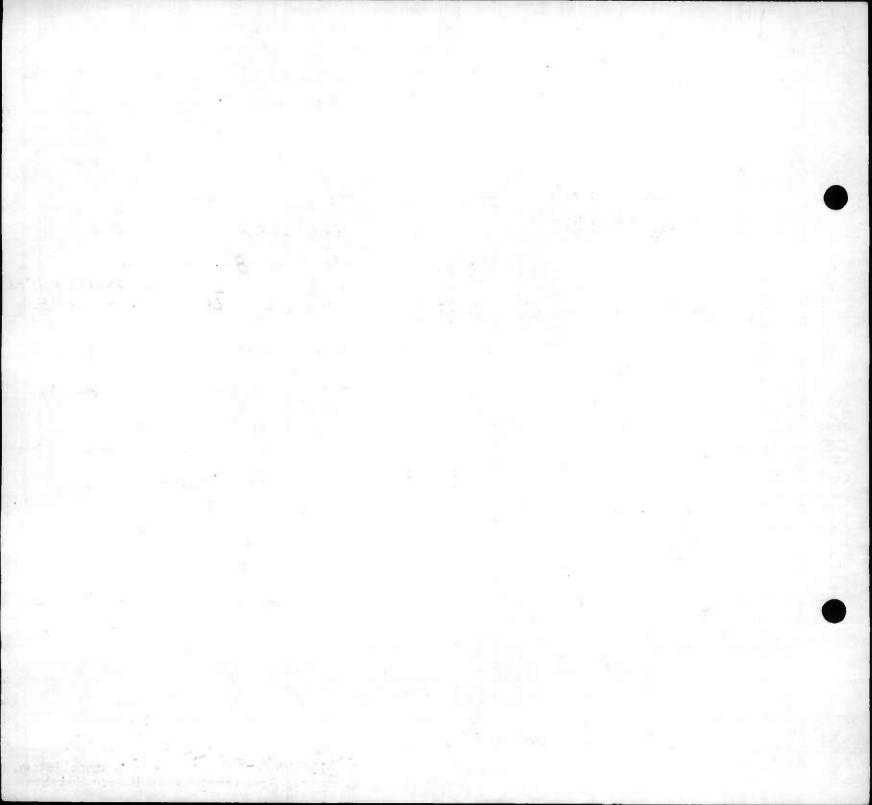
Frederick
25% FUNERAL DIRECTOR

JAN 2 4 1986 (P.O. 25B NAME OF



-	7511
	ith occurred in a hospital and contributing cause of death determined cause; (5) Deceased in regular attendance on the eceased prior to death. Such on is made.
IMPORTANT	Also, if the direct or re of any kind; (4) Unc nounced death was attendance on the dimed or final dispositi
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

-11			BALTIMORE CITY	HEALTH DEPARTMENT	00	CLASPINA A		
- 11		1 NO. 66 00744	CERTIFICA	TE OF DEATH Re	gistered No.			
		CASE NO.		2, DATE AND HOUR OF DEATH				
	Туре	"ROBERT & QUESEN		1/20/66	9:30 8 M.			
3	. PL	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceded A. STATE B. COUNTY	osed fived. If institution	on; residence befare admission)		
1	FI	ULL NAME OF (If not in hospital or institution	n. give street	MARYLAN	D	Bull		
4	H	OSPITAL OR oddress ar lacation)	, give succe	C. CITY OR TOWN (If outside ci	y limits, write RURAL	and give tawnship)		
	MARYLAND GENERAL HOSPITAL			BALTIMOR	5	53-00		
d	/ 1	HE/LAND GENERAL	11031111	D. STREET ADDRESS' (If rurol, gi	30N MIL	DD		
	5. S E	EX , 6. RACE , /, 7. MARRI	ED, NEVER MARRIED					
		Male Wite WIDO	WED, DIVORCED (specify)	22 10 03	60	Under 1 Yr. If Under 24 Hrs. Oths Days Haurs Min.		
		USUAL OCCUPATION (Give kind of work 10B. KIND	OF BUSINESS OR INDUSTRY	10-	ntry) 12.	CITIZEN OF WHAT COUNTRY?		
	-	Not helder		KENTUCKY		USA		
	3. F	ATHERS NAME	10 10 - 03	14. MOTHER'S MAIDEN NAME	1100 1111 10			
		KOBERT QUE	-SEV BERRY		WG-HAM			
1	5. W Yes,	Vas Deceased Ever in U. S. Armed Farces? ,no or unknown) (If yes, give war ar dotes of servic	e) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	F 68	25 MPANSON MILL Rd		
	V	25 AU-VIIIII - ARMU	227-09-6754	SISTER	XIELLA ST	TROVE SAME		
	1	1B. / 3 / X 1	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH		
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Mer	DETATIC CARL	LIAM A	7		
		(This does not meon the mode of dying,	(A) DUE TO	ASTATIC CARCI	700) (74	· TEAL		
	1	ANTECEDENT CAUSES	(B) A	DENOCARCINOM	A OF	+ TEARS		
0		injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving (B) ADENOCARCINEMA OF 2 YEARS DUE TO STOMACIT						
		rise to the obove couse (A) stating UNDERLYING CONDITION lost.	the (C)			**************************************		
		II -						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CHRONIC BRONCHITIS AND EMBIT/SEMA							
	ATIO	DISEASE OR CONDITION CAUSING IT.		BRONCHITIS AND C		NCC CONCIDENCE		
	TIFIC	WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Tes of No.) 20k.	CERTIFYING CAUSES	OF DEATH?		
	-	21A. ACCIDENT WAS UNDERLYING	OMACIT- 21 B. PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID	(If in Battimare City	, give exact lacotion)		
	4	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, farm, factory, street, of	ffice bldg., INJURY OCCUR?	-			
	DIC		21E. INJURY OCCURRED	21F. HOW DID INJURY O	CCUR?			
	>	OF INJURY (APPROX.)	While At Work Not While At Wark		page on v.			
		22. I certify that (I) (this haspital) attende		12/26/231965	to	1/20 1966.		
	- 1	that (1) (we) last saw the deceased alive	. / -			death accurred on the date		
		and hour and from the causes stated above			,, (00., 00			
		23A. STGNA URE	(1) ()((a/a) 20/a //(a/a)	Tow the body offer double	23B.	DATE SIGNED		
		Morald Folding	M.D. Atte	ending Med. Stoff Phys.	X-	1/20/60		
		23C. PHYSICIAN'S		23D. ADDRESS		11111		
		NAME (Type)	M.D.	March 1 To	1	to spitet		
	24A		C. NAME of CEMETERY OF CR	EMATORY 24D. LOGATI	ON (City, 16	wn, of county) (State)		
	B	REMOVAL (Specify) 1-25-66	MTOLNE 1	emptopi Pan	10/1/07	town Mal		
	25A	DATE REC'D BY HEALTH DEPT. 258 NAA	AE OF REGISTRAR	25 VINERAY DIRECTOR CANO	Marin	P. ADDRESS		
		JAN 24 1965 (R. Co. L.	to be MA	THE STREET	cost 4600 I	iberty Heights		
11	Vs	150=REV. 1/1/65		THE WATER CHILIA	TOOU I	arnor of the Paren		



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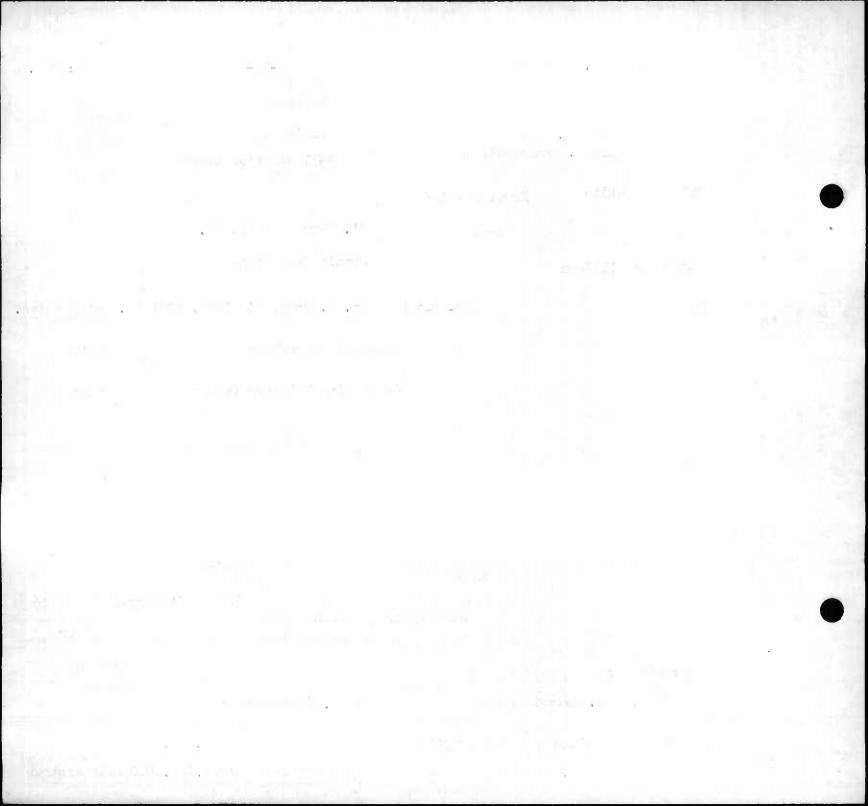
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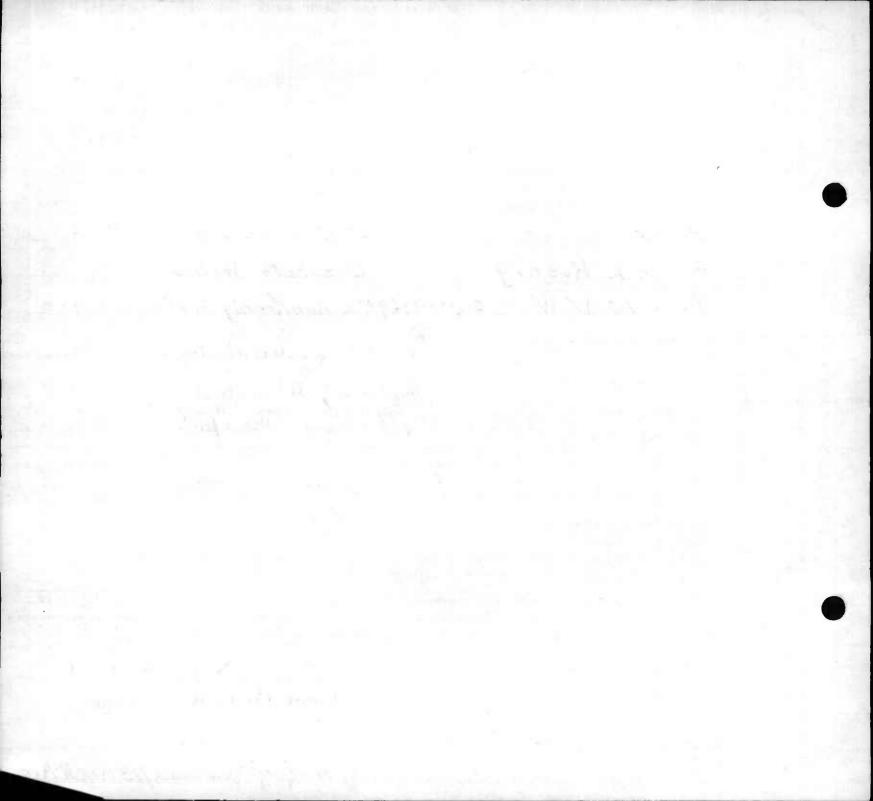
certificate MOS

66 00745 BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. pital and of death
Deceased
ce on the ath. Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) ALLEN I. MILLISON 1-14-66 6:00 a. M. death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY Maryland Ilf not in hospital or institution, give street FULL NAME OF C. CITY OR TOWN (If outside city limits, write RURAL and give township oddress or location INSTITUTION Baltimore Ventnor Lodge D. STREET ADDRESS (If rural, give location) 526 S. Chapelgate Lane 3511 Fairview Avenue 9. AGE (In years 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH II Under 1 Yr. Months: Doys 5. SEX Il Under 24 Hrs. Hours fost bidhdoy)
58 yrs. WIDOWED, DIVORCED Ispecify) Male White Never Married 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) St. Marys County, Md. USA None 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Jennie Rose Sachs Charles Millison 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. Mr. Z. Harry Millison, 6301 Pk. Heights Ave. No 220-52-3048 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cerebral Hemorrhage LEADING TO DEATH 3 weeks (This does not meen the mode of dying, e.g., hearl foilure, asthenia, etc. It means the disease, injury or complication which coused death,) Jacksonian Epilepsy Interval 18 years ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, lo the obove couse (A) sloting the UNDERLYING CONDITION IOSIL **ERTIFIC ATION** OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or Noll 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, olfice bldg., INJURY OCCUR? U (If in Boltimore City, give exact location) DEATH (notify medical examined etc.) MEDIC obtained 21 D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY (except Not While White At (APPROX) Work At Work and 19 48 January 14 22. 1 certify that (1) (this haspital) attended the deceased from January 12 19 66 pe that (1) (we) last saw the deceased alive an..... of death) hospital and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. must accident 23A. SIGNATURE 23B, DATE SIGNED Attending Stoff M.D. Mad. 40 Phys. Director Phy s. approva 0

and that in(my) (aur) apinion death occurred an the date 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Dr. Helmut Prager 11 E. Chase Street M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME at CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial 1/14/66 Beth Tfiloh Baltimore. Md. 25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR Sol Levinson & Bros. Inc. 6010 Reisterstown VS 150-REV. 1/1/65



	66 007	46	Y HEALTH DEPARTMENT		00746
BIRTH NO.	99	CERTIFICA	ATE OF DEATH	Registered Na.	
M.E. CASE NO.			2. DATE AND	D HOUR OF DEATH	
(Type or Print)	Francise 1	Koenig		Jan 1966	19:75 4
3. PLACE OF D	DEATH IN BALTIMORE, MARYLA				ution: residence before admission)
	7		A. STATE B. COUNT		-13 -
FULL NAME		stitution, give street	Maryland		0)
HOSPITAL O	R oddress or location)		C. CITY OR TOWN ()f outs	side city limits, write RUR	AL and give township)
	0 11	1 1 21	Baltimore		
1/2	42 Sinai Hospital of Baltimon		D. STREET ADDRESS (If rurol, give location)		
400			906 Garsuch Ave		
			1 0 0 70,0		
5. SEX		MARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify)		ast birthday)	f Under 1 Yr. If Under 24 Hrs. Nonths: Doys Hours: Min.
M	W	viberres, siveres ispecify	23 June 1893	72	
10A, USUAL OC	CUPATION (Give kind of work 10B.	KIND OF BUSINESS OR INDUSTR		an country)	2. CITIZEN OF
	ol working lile, even if retired)			/	WHAT COUNTRY?
Roof	er		Baltimore	e Md	11.5.A.
13. FATHER'S N			14. MOTHER'S MAIDEN NAM	AE .	
	1 1/			11/11/	
Georg	ae L Koen	19	Elizabeth	W11115.	
5. Was Deceas	ed Ever in U. S. Armed Forces? wn) (If yes, give wor or dates of	16. SOCIAL	17. INFORMANT		ADDRESS
1/	yes, give wor or doles of		an a il		/ A -
105	151 W. W	212-03-046	Miss Annkoe	n19 406 60	PSUCH AVE
1B.	0.1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIRECT	LY A			ONSEL AND DEATH
	LEADING TO DEATH	- A C	its musimadial	infarction C	missint
(This dges	nat mean the mode of dyir	ig, e.g., DUE TO	as e recognition to the	my maner	MANUUS
heart failur	e, asthenia, etc. II means the	disease,	3	U	
injury at c	amplication which caused dea	(h,)	1 1 2		
	ANTECEDENT CAUSES	(B) 244 20	irns in Hilling	scurore	· · · · · · · · · · · · · · · · · · ·
DISEASES	OR CONDITIONS, il any,	giving	and oor sancular	Diffuse	
	the abave cause (A) stat		la Comos stare ite	out believe	
	NG CONDITION last.		5	Me New York Samuel Manda	
	11			V	
Z OTHER SIG	II BNIFICANT CONDITIONS CONT	RIBUTING	2 (1
E TO THE	DEATH BUT NOT RELATED		Osamaia C.	0.0001.0.	
DISEASE C	OR CONDITION CAUSING IT.	_ were	VERNICIONS a	nonue	
19A. DATE	OF OPERATION 198. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FIN!	DINGS CONSIDERED S OF DEATH?
			Yes		
O 21 A) ACCIE	DENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in ar about 21 C. WHERE DID	(If in Boltimore Ci	ity, give exact location)
	IBUTING CAUSE OF	hame, form, factory, street,	office bldg., INJURY OCCUR?		
0					
21D. TIME	(Month) (Doy) (Year) (He	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY		While At Not Wh			
(AFFROA)		Work L At Wor	× 🗀		
22. I certi	fy that (1) (this haspital) att	tended the deceased fram	18 Jan 11	9 66 10 21	Jan 1966
		and the second second	//		
mar (I) (y	(a) last saw the deceased al	IVE OR	19 66 and tha	it in(my) (96r) apinio	n death accurred an the dat
and haur a	and from the causes stated a	ibave. (1) (ME) (did) (did hat)	view the bady after death.		
23A. SIGNA				23	B. DATE SIGNED
1	1.1.0.12	M.D. A	tending Med.		- 0 11
-	uchaef X: X		ys. Director	Stoff Phys.	21 Jun 66
23C. PHYSIC	IAN'S		23D. ADDRESS		
NAME	Wichaez (.	LEVIN M.D	SINAL /E	OSPITAL of	BALton
				1	17 CI/MORE
24A. BURIAL C REMOVAI	REMATION, 24B. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D. LO	CATION (City,	tawn, ar county) (State)
- 1	1/01/11	112.121	C	14	41.1
Buria)	1/26/66	Holy Tedeem	er cem. Ba)timore	Ma
ZDA. DATE REC	D BY HEALTH/DEPT. 258.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	7	ADDRESS
1001	1 1000 0 0 0 0	10 Fa Post A C	a Donaharida	10. K. 19	713 KIRK
VS 150-REV 14	1/65 1000 (H. Co. A)	The state of the s	- province	- yearing a	1131111



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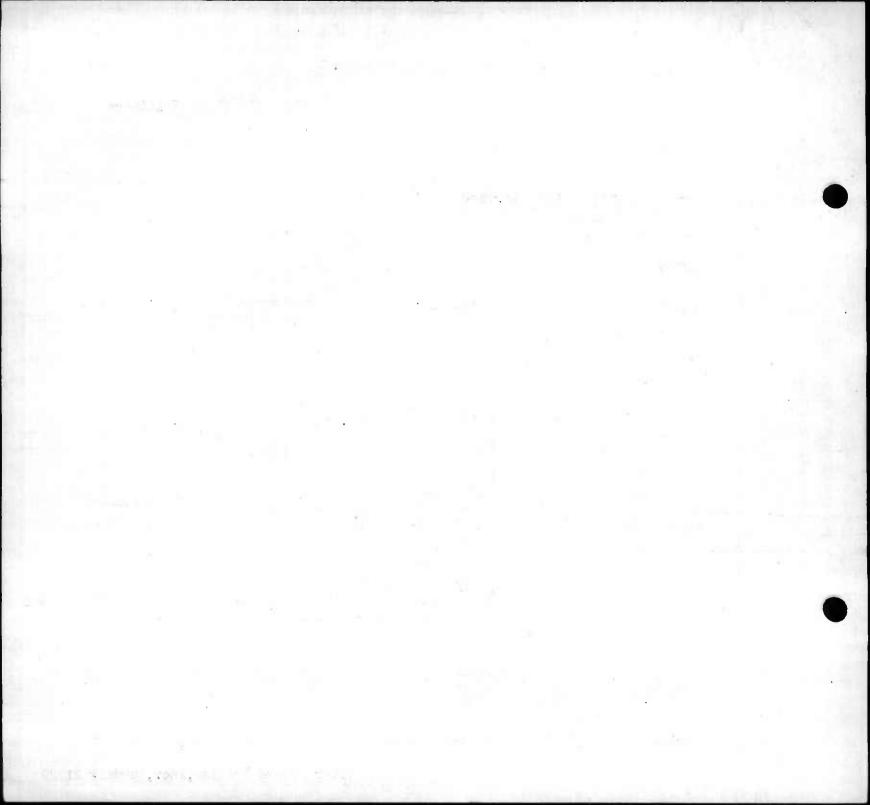
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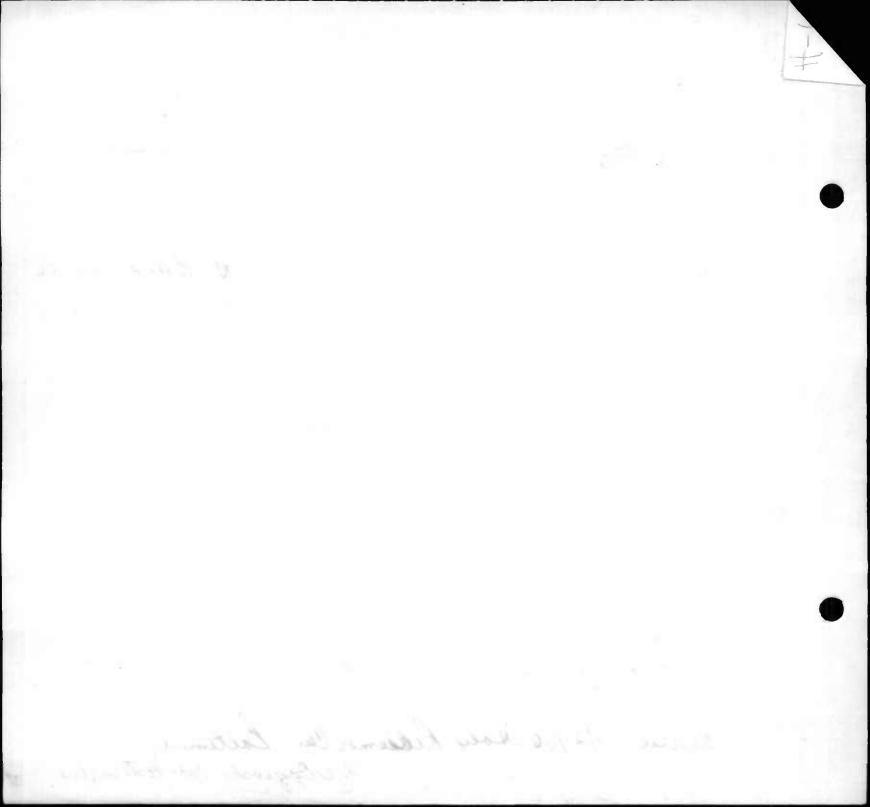
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MAY HENDRICKS 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) MARYLAND Baltimore FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR C. CITY OR TOWN (If outside city limits, write RURAL and give township) oddress or location) DUN DALK G FRANKLIN SQUARE MOSPITAL D. STREET ADDRESS 7. MARRIED, NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH 5. SEX 6. RACE If Under 1 Yr. Months Dovs WIDOWED, DIVORCED (specify) lost birthday Hours married 10A, USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A PENNSYEWANIA POUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ELIZABETH 9Unknown) 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) ADDRESS 17. INFORMAN 1 6. SOCIAL SECURITY NO. MEDICAL 213-07-3359B no CAUSE OF DEATH INTERVAL BETWEEN 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY FIBRILLATION VENTRICULAR LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stoting the UNDERLYING CONDITION lost the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on... and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. must 23A. SIGNATURE ... 23 B. DATE SIGNED Attending Phys. Stoff Med. 1-20-66 Director ___ approval 23D. ADDRESS 3CPHYSICIAN'S NAME (Type) V. DE BORNA M.D. 110 N. CALHOUN SY 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify)

Undetermined cause; (5) contributing cause attend prior made. regular If Under 24 Hrs. Hours i Min. deceased disposition = MOS the 4 death 0 kind; final attendance any pronounced of balmed fracture 6 em regul ho 4 3 3 physician Was burns; physician Body 0 by 3 ere to the hospital °Z nature; ¥ obtained 9 b exce) and any eath); and that In(my) (our) apinian death occurred an the date of hospital was released An accident Ö 0 0 prior to D.O.A. eceased the body shows: 1/24/66 Parkwood Cemetery Baltimore, Maryland M ds 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Walter Brooks Bradley, Inc., Dundalk 21222 10 VS 150-REV. 1/1/65



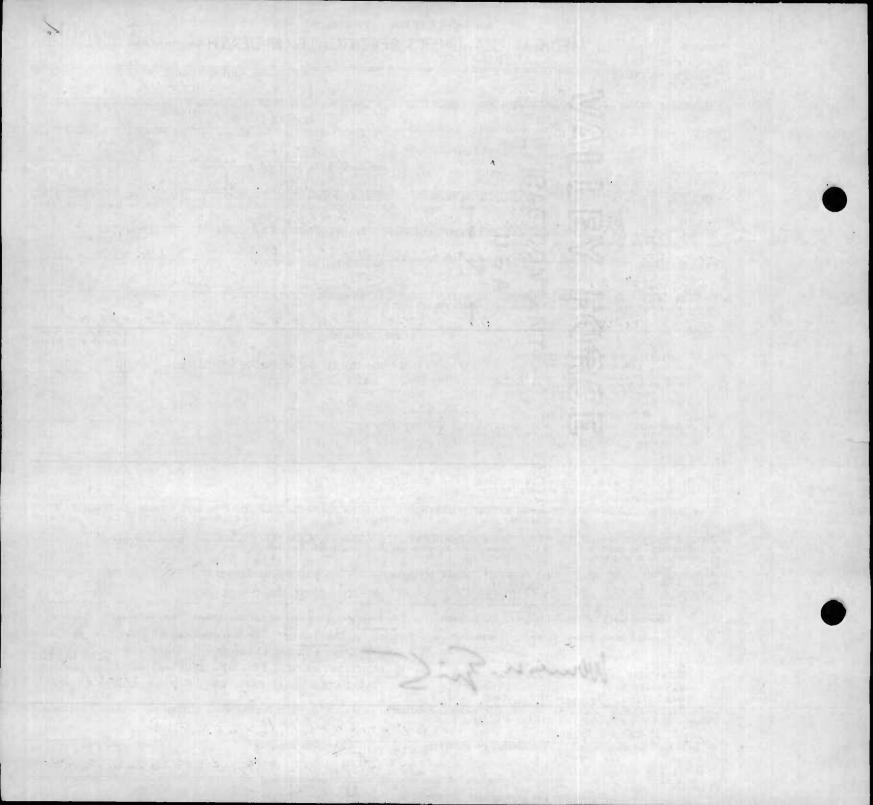
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	BALTIMORE CITT	REALTH DEPARTMENT		
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	66 110748
M.E. CASE NO.		2. DATE AND	HOUR OF DEATH	
(Type or Print) CECILIA MA	PIE HUDVA			11:25 P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	NE HOANN	4. USUAL RESIDENCE (Where	deceased lived. If ins	titution: residence before odmission
FULL NAME OF (If not in hospital or institution, give sheet HOSPITAL OR address or location)		A. STATE B. COUNT	1 1	1 1
		C. CITY OR TOWN (If outside city limits, write RURAL and give township)		
INSTITUTION LITTLE SISTERS	OF THE YOUR		ide city limits, write k	UKAL and give township)
101200 VALLEY STREE	=7	D. STREET ADDRESS (If III	ural, give location)	
		1200 VALLE		
BALTIMORE MARYLAND 2/202 5. SEX 6. RACE T7. MARRIED, NEVER MARRIED		P DATE OF BIRTH 19 AGE (In years If I Index 1 Vs. If I Index 24 Hzs		
WIDO	WED, DIVORCED (specify)	1	ost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
	WIDOWED	Nov. 16, 1885	80	
DA, USUAL OCCUPATION (Give kind of work 10B, KIN (OF BOZINEZZ OK INDOZIKI	.11.2	· ·	12. CITIZEN OF WHAT COUNTRY?
PACKING VEGETABLES		BALTIMO	RE. MO.	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE O	,
ANDREW STUBEL	= 5 1	MARY	WP Be	ON VALLEY ST.
Was Deceased Ever in U. S. Armed Forces?	1 6 COCIAL	17. INFORMANT	10,1 /2 /	ADDRESS
fes, no or unknown) (If yes, give wor or dotes of servi	ce) SECURITY NO.	LITTLE SISTERS	7 12	ON VALLEY ST.
NO	218-09-41144	LITTLE SISTERS	OF THE TOOR	BALTIMORE MP.
18.	CAUSE O			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	P	0 0	. / _	ONSE! AND DEATH
LEADING TO DEATH	(A)	rebrol see	dest -	
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO	troke of let	terde	
injury or complication which caused death.)	6	b. s. c. U.	2)	
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, gi		0. /	arteriosele	1
rise to the obave cause (A) stating	the (C)	inerolized	en/exiosell	wasco
UNDERLYING CONDITION last.	/			
Z OTHER SIGNIFICANT CONDITIONS CONTRIBLE	ITING			
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208 IE VEC WEDE E	INDINGS CONSIDERED
19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OK WHICH OFERATION	257. 4010/31; (103 01 110/	IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	a at about 21C WHERE DID	(If in Rollimore	City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	tit in polititore	eny, give exoct toconom
0	etc.)			
OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX)	While At Not While Work At Work	e		
22		1	acel . Por	n 17 1966
22. I certify that (I) (this haspital) attend		A A	5/	
that (I) (we) last saw the deceased alive	an fau le	19 6 and tha	t in(my) (aur) apin	ian death occurred on the do
and have and fram the couses stated above	e. (1) (We) (did) (did nat) v	iew the body ofter death.		
23A. SIGNATURE	/ /			23B, DATE SIGNED
Honley Inker	M.D. Atte	ending Med.	Stoff Phys.	1.20.6h
23C.PHYSICIAN'S		23D. ADDRESS	,	
NAME (Type)	M.D.	1802 W BAR	4imore	5+.
Stanley Hinkudas		. , , , , , , , , , , , , , , , , , , ,		')
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME OF CEMETERY OF CRI	MATORY 24D. LO	City	y, town, or county) (State)
Burial 1/2/1/66	voly read	mer Clu L	altemore	
SA. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1 0.	ADDRESS
JAN 24 1966 P.O. F. E.	Ja leu Million	tell Osters	shi 1930	astern alue
VS 150-REV. 1/1/65			-,	



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240	BALTIMORE CITY HEAL	TH DEPARTMENT		66 00719		
BIRTH NO. MEDI	CAL EXAMINER'S CI	ERTIFICATE OF D	DEATH Registe	red No.		
M.E. CASE NO.						
1. NAME OF DECEASED		2. DATE AN	HOUR PRONOUNCE			
John	n W. Gill		1/22	/66 2:30 p. M.		
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE	deceosed lived. If insti	tution: residence before odmission)		
ELLI NAME OF UE NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	Maryland				
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCAL INSTITUTION	TION)	C. CITY OR TOWN (If outside	e corporate limits, write	RURAL ond give township)		
INSTITUTION		Baltimore		7-04		
1		D. STREET ADDRESS (If rurol,	give location)			
University Hosp	ital	1821 W.	PaltimoreS	t.		
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs.		
male colored	DIUOLCED (specify)	4-6-1922		3,5		
Male COLORED	TOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	4)	12. CITIZEN OF		
dong during most of working life, even if retired)	0 0	WISE - N.	C.	WHAT COUNTRY?		
LA BORER 13. FATHER'S NAME	GEN. LONTRACTOR	14. MOTHER'S MAIDEN NAM		24 3.11		
		Traccus	COLEMA			
FRNEST GILL 15. WAS DECEASED EVER IN U.S. ARMED	FORCES? 116, SOCIAL	L SRBELCE	COLEMA	ADDRESS		
(Yes, no or unknown) (If yes, give wor or dote						
YES WWII	244-12-1578	WM. L. 6,62	. 9315.1	BAYLESS ST		
1 1B. F 9 8 X	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DI	RECTLY					
LEADING TO DEATH	Gunsho	ot wound of chest	, involving	heart		
(This does not meon the mode of heart failure, asthenia, etc. It means injury or complication which coused	dying e.g., DUE TO	and right lung				
injury or complication which coused	injuly of complication which coused death.					
ANTECENDENT CAUSE	(R)					
DISEASES OR CONDITIONS, IF A						
UNDERLYING CONDITION LAST.						
Z	(C)					
O OTHER SIGNIFICANT CONDITIONS	CONTRIBITING					
TO THE DEATH BUT NOT RE	LATED TO THE			THE STREET		
DISEASE OR CONDITION CAUSING		20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIL	NDINGS CONSIDERED		
WAS PER		yes	IN CERTIFYING CAU	SES OF DEATH?		
ZIA. EXTERNAL CAUSE WAS	218. PLACE OF INJURY (e.g.,	V				
UNDERLYING OR CONTRIB-	lata)	on or obout 21C. WHERE DID				
7	nome	2435 Maise				
OF INJURY (Month) (Doy) (Year		21F. HOW DID INJU				
(APPROX.) 1 22 66 1	: 30 p. WHILE AT NOT	ork shot in	chest			
22.	nquiry Inspection Aut	opsy ond that on th	is bosis, deoth in n	ov opinion		
resulted fram: Natural couses Accident Suicide Hamicide V Undetermined manner						
ACTUAL DATE SIGNED						
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER LA						
EXAMINER'S	100	ASSOCIATE MEDICAL E	XAMINER	1/23/66		
NAME (Type) Werner	U. Spitz, M.D.					
23A, BURIAL CREMATION, 23B, DATE	23C. NAME OF CEMETERY O	h		, town, or county) (State)		
13mil 1/23	166 10 9 LTU NA	ATIONAL S	ALTO M	2		
24A. DATE REC'D BY HEALTH DEPT.	248. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS		
JAN 24 1966 CO 2 2 2 2 Marshau Phys 638 NG, amor St.						
JAN 64 1966 (1)	710 42 (1.918)	Manimula	/	-,		
VS 151-REV. 1/1/65	J 11 11 11 11	0 0 7 0 3				



This certificate must be approved by the chief medical examiner or his assistant if death, courred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

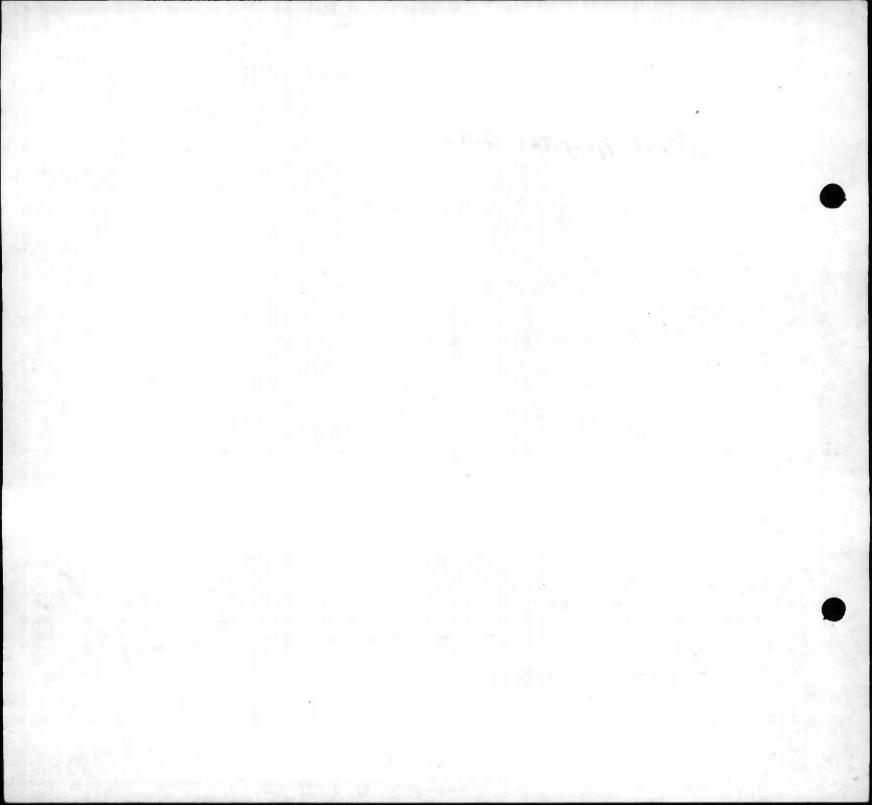
		BALT	HEALTH DEPARTMENT				
BIR	TH NO. 66-00604 66 007	50 CERTIFICA	TE OF DEATH Registered N	10.66 111.50 9			
M.	E CASE NO.		2. DATE AND HOUR OF DEA	ATH X			
(Ту	pe or Print Strein Baby T	3ou	1/8/66	11120 P.M.			
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY				
	FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR oddress or location) INSTITUTION		Md 63-00				
			C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
	12 Sinai Hospital of Balto, Inc.		Balton				
IL			D. STREET ADDRESS (If rural, give lacation)				
	SEX 6. RACE 7. MARRIED, NEVER MARRIED		602 Walker a				
5.	M WIDO	WED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.			
103	USUAL OCCUPATION (Give kind of work 10 B, KINI	OF BUSINESS OF INDUSTRY	11, BIRTHPLACE (State or foreign country)	12. CITIZEN OF			
dar	ne during most of warking life, even if retired)	or bosiness or intoosiki		WHAT COUNTRY?			
	Newborn		Balto, Ma	USA			
13.	FATHERS NAME		14. MOTHER'S MAIDEN NAME	1			
	Carl Streen		Barbara Meine	· - ·			
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,na ar unknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
	No	\$-9A					
	18. 7/5,51	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY						
	LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO DUE TO						
	Land Lifting and hade and the same of a Parison						
	injury or complication which caused death.) ANTECEDENT CAUSES (B) Francture ty (31 weeks systates)						
	DISEASES OR CONDITIONS, if any, gi	Ving DUE TO					
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)					
	ONDERENNO CONDINON IGSI.	M. Dutestin	at ofstruction- people	(1			
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBL	TING	*				
ATION	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE POSS	Jour's Syndrone				
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?			
	2) A CEIDENT WAS UNDERLYING	Tate of a cross thirting (:		Ci			
AL C	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in hame, form, factory, street, or		imore City, give exact lacation)			
U	DEATH (notify medical examiner)	etc.)					
MEDI	OF INJURY	21E. INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?				
-	(APPROX.)	Wark At Work		1 /			
	22. I certify that (1) (this hospital) attended the deceased fram 17 19 66 to 19 67						
	that(#) (we) last saw the deceased alive	an /5/	19 (e (= and that in (my) (our)	apinian death accurred an the date			
	and haur and from the causes stated abov	e. (t) (We) (did) (did=not) v	riew the bady after death.	1			
	23A. SIGNATURE		5. 11	23 B. DATE SIGNED			
	Didney Jaidman	M.D. Atte	s. Med. Stoff Phys.	1/8/61			
	23C. PHYSICIAN'S NAME (Type)		23D, ADDRESS	, ,			
	Sidney Jeis	man M.D.	The anna word vitti	PVLANA			
24	A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specily)	C. NAME of CEMETERY SA CRI	MATERITAL DUTABLECATION THE	City, town, or county) (Stote)			
	JAN 24 1966	IIN	IVERSITY MEDICAL S	CHOOL.			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DERECTOR ADDRESS							
	JAN 24 1966 O. C. S. S. COULER STORM SERVICE - DOLLER						
VS	150-REV. 1/1/6S		*				



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

	BALTIMORE CITY	HEALTH DEPARTMENT			
	BIRTH NO. U6. U51058 U1701 CERTIFICATE OF DEATH Registered No. CERTIFICATE OF DEATH				
1. N	AME OF DECEASED OF Print! M:115, Baby Boy	2. DATE AND HOUR OF DEATH	1 205 4.		
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If insti	tution; residence before admission)		
F	FULL NAME OF (If not in hospital or institution, give street oddress or location)	Md. C. CITY OR TOWN (If outside city limits, write RD)	RAL and dive township)		
11	SINAL Hospital INC.	D. STREET ADDRESS (If rurol, give location) 3226 Seguira Cive			
7	3/11 21 1/05/1121 2				
5. \$	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH O9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.		
	USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
don	Newborn	Balto, Md.	USA		
13.	FATHERS NAME	14. MOTHER'S MAIDEN NAME			
	Theodie Wille	Jean Wright			
(Yes	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
30	18. CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	saidh dishau Sud			
	(This does not meon the mode of dying, e.g., heart include, asthenia, etc. It means the disease,	spiratory distress Syndro ematerity (35 weeks Su	71-2		
	injuly of complication which caused death.)	ematerity (35 weeks go	Inter)		
	ANTECEDENT CAUSES (B) DUE TO				
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the	throblastosii fetalii			
	UNDERLYING CONDITION last,)	P444		
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
ICA	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	IDINGS CONSIDERED			
ERTIF	WAS PERFORMED VES IN CERTIFYING CAUSES OF DEATH?				
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID (If in Boltimore C) ffice bldg., INJURY OCCUR?	City, give exact location)		
MEDIC	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While				
	Work At Work		1/24/ 10 66		
	22. I certify that (14) (this haspital) attended the deceased fram				
	that (#) (we) last saw the deceased alive an	19 66 and that in (aur) apinio	an death accurred an the da		
	and haur and fram the causes stated above. (*) (We) (deb) (did not)		3B. DATE SIGNED		
	M.D. Att	ending Med. Stoff	1/16/66		
	23C. PHYSICIAN'S	23 DADDRESS	1 / 00		
	NAME (Type)	Dimai Hoca & Ballo			
244	BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY of CA	EMAZONOMY BOAGENOUP MAN	town (Stote)		
25A	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	IN PACE PUNERAL TORECTOR EDICAL SC	HCOL		
	JAN 24 1966 (1) 12 E, Talkuna	TWORTUARY SERVIC	E - RCUD		
VS	150-REV. 1/1/65	0 7-5 0			



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTMENT	v					
BIRTH NO. 66-00809 68 00752 CERTIFICATE OF DEATH Registered No. 6	6 00752					
M.E. CASE NO. 1. NAME OF DECEASED (Type of pind) (Type of pind) (Type of pind) (Type of pind)	400					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, II instit	dution: tesidence befale admission)					
FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR INSTITUTION C. CITY OR TOWN (If putside city limits, write RUE)	RAL and give township)					
Similar of Balto Tra Baltimore	53-00					
42 894 Mapel brook	Rd.					
MIDOWED, DIVORCED (specily) 1/7/66 last birthday)	If Under 1 Yr. If Under 24 Hrs. Aanths Days Haurs Min.					
10%. USUAL OCCUPATION (Give kind of wark) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most at working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME						
David Himeltarb Geraldine Geri	nan					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknawn) (III yes, give wor or dates al service) 16. SOCIAL SECURITY NO.	ADDRESS					
18.774 XI CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) I MM ATURITY - WE WEEKS						
(This does not mean the made of dying, e.g., DUE TO heart failure, asthenio, etc. It means the disease,	***************************************					
injury at camplication which caused death,)						
DISEASES OR CONDITIONS, if any, giving	QA = ===00 00 00 00 00 00 00 00 00 00 00 0					
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION last.						
11						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED					
œ .	ity, give exact location)					
OR CONTRIBUTING CAUSE OF home, form, foctory, street, olfice bldg., INJURY OCCUR?	ny, gree exect tacatain					
21D. TIME (Manth) (Day) (Yeo) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
(APPROX.) While At Not While At Wark						
22. I certify that (I) (this haspital) attended the deceased fram						
that (1) (we) last saw the deceased alive an						
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.						
23A. SIGNATURE (Carrange M.D. Attending Med. Staff 23B. DATE SIGNED 23B. DATE SIGNED						
Raymond B. Goldberg M.D. 3806 Follows	Bald is W					
24A. BURIAL CREMATION, REMOVAL (Specily) JAN 2 4 1966	(offin (State) / (State)					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR UNIV. 25E DUNERAL DIRECTOR LAL	ADDRESS					
9 6 6 C D O MONTHARY SERVICE	BCHD					
VS 150-REV. 1/1/65						

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FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

44 0000	ee 00753	BALTIMORE CITY H	HEALTH DEPARTMENT	1	a anno y		
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 66 00753							
I. NAME OF DECEASED (Type os. Print) 3. NACE OF DEATH IN BALTIMORE, MARYLAND 14. USUAL RESIDENCE (Where deceosed lived, If institution: lesidence before odmissing a script of the country of the coun							
	in hospital ar institution, ss or tocation)		c. CITY OR TOWN (III gut	eside city limits, write ROR	AL and give township)		
Sinoy Hos	otal of fa	altmore	89 11 /1	rural, give lacation)	RI		
nu	WIDOWE	D, DIVORCED (specify)	1/7/66		Under 1 Yr. If Under 24 Hrs. Ionths Days Hours Min.		
done during most of working life, e			Maryland	/	2. CITIZEN OF WHAT COUNTRY?		
15. Was Deceased Ever in U. (Yes, no or unknown) (If yes, give	Armed Forces? wol oil dotes of service)	6	Geraldin Terraldin	e Geri	MADRESS		
DISEASE OR CON LEADING (This does not meen the healt foilure, asthenia, elinique or complication we anticept the complete of	rO DEATH e mode of dying, e.g., c. II meons the diseose, nich coused deoth.) IT CAUSES TONS, if ony, giving couse (A) stoling the	(B)	PLRT GIZST		INTERVAL BETWEEN ONSET AND DEATH		
OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO TH	G POLYHY	1) RAMNIOS,				
19A. DATE OF OPERATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20A. AUTOPSY? (Yes or No	10 208, IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?		
OR CONTRIBUTING CA DEATH (notify medical exc	USE OF hon	B. PLACE OF INJURY (e.g., in cone, form, foctory, street, office)	or about 21C. WHERE DID e bldg., INJURY OCCUR?	(If in Boltimore Ci	ty, give exact location)		
21D. TIME (Month) (I OF INJURY (APPROX.)		INJURY OCCURRED Not While [At Work	21F. HOW DID INJ	URY OCCUR?			
	22. I certify that (I) (this haspital) attended the deceased from						
		M.D. Attend Phys.	w the body ofter death.		B. DATE SIGNED		
24A. BURIAL CREMATION, 24 REMOVAL (Specify) 25A. DATE REC'D BY HEALTH	JAN 2 4 1986	AME OF CEMERARY OF GREAT	ATORY BUAT 240. E	AL SCHOOL	ADDRESS		
V\$ 150-REV. 1/1/65		6000	MAN MAKE	SERVICE -	RCHA		

I some despeted of Pathone again Maple there is Marphal Com Drugt Kingles !

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

examiner.

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written approval must be obtained before the remains are embalmed or final disposition is made.

deceased prior to death); and (6) No physician was in regular attendance on

(except where the physician who

at a hospital

wds D.O.A.

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any

the body was released to the hospital by a medical

if the direct or contributing cause of death ny kind; (4) Undetermined cause; (5) Deceased

				BALTIMORE CITY	HEALTH DEPARTMENT		A POLICE A
M. E	H NO.	66 0	1754	CERTIFICA	TE OF DEATH	Registered Na.	66 00754
	AME OF DECEA	SED			2. DATE	AND HOUR OF DEATH	
	I I	MARY E. BORL			20	Jan.1966	
. F	LACE OF DEATH	H IN BALTIMORE, MAR	YLAND		A. STATE 8. COL	here deceased lived. If it	nstitution: residence before admission
-	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital o address or location)		give streel	Md.	outside city limits, write	RURAL ond give township)
0) Ha	arford Garden	ns Nurs	sing Home	Baltimore D. STREET ADDRESS 5909 Marluth	If rurol, give locotion) 1 AVe.	
. S	EX 6.	RACE		NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
	emale	White	wide		Jan.22,1882	lost birthdoy) 83	Months Doys Hours Min.
		iking lile, even if retired)	IOB, KIND OI	F BUSINESS OR INDUSTRY	Maryland	neign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3.	FATHER'S NAME				14. MOTHER'S MAIDEN N	AME	
	0	George L. Na	gler		Mary Foster	r	
S. Y	Was Deceased Ev	rer in U. S. Armed Force f yes, give wor or dotes	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no		0. 2011100.	JECOKIII NO.	Carl W. Borlei	is, 5747 B Ha	zelwood Ave
	18. 9 3 6	VI		CAUSE O	F DEATH		INTERVAL BETWEEN
		OR CONDITION DIRE	CTLY	130	edder Tumo	- Nemon	have
	heart failure, as injury ar campli	meon the made al sthenio, etc. It meons icalian which coused ITECEDENT CAUSES	the diseose,	DUE TO			
	rise to the	CONDITIONS, if a abave couse (A) CONDITION lost.			**************************************		
ATION	TO THE DEA	EANT CONDITIONS CONTROL OF THE BUT NOT RELATED TO THE CONDITION CAUSING IT	TED TO TH	G E			*
TIFIC.	19A. DATE OF O	PERATION 198. CONE		WHICH OPERATION	20 A. AUTOPSY? (Yes of	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	21 A. ACCIDENT OR CONTRIBUTE DEATH (notify m	WAS UNDERLYING NG CAUSE OF		ne, form, foctory, street, of	or obout 21C, WHERE DID	(If in Bollimor	e City, give exact location)
203		Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	
Š	(APPROX)		Wh	ile At Not While			
	22. I certify th	at (1) (this hospital)	attended t	he deceased from	Saw	1930 10 Ja	n 20 1966
		ist saw the decease			1966 and	that in (my) (aur) opl	nian death accurred an the da
	and have and f	ram the causes state	d abave. (I) (We) (did) (did-mot) v	iew the bady after death		
	23A. SIGNATURE		~		nding Med.	Stoff Phys.	23B. DATE SIGNED
	23C.PHYSICIAN	S		1	23D. ADDRESS	,	100
	NAME (Type	Louis A. Ma	Krause	M.D.	11 E. Chase	St.	
4 A		ATION, 24B. DATE		AME of CEMETERY or CRE	MATORY 24D.	LOCATION (C	ity, town, or county) (State)
	burial	1-24-66		arkwood Cemete		alto. Co., M	

REC'D BY HEALTH

VS 150-REV. 1/1/65

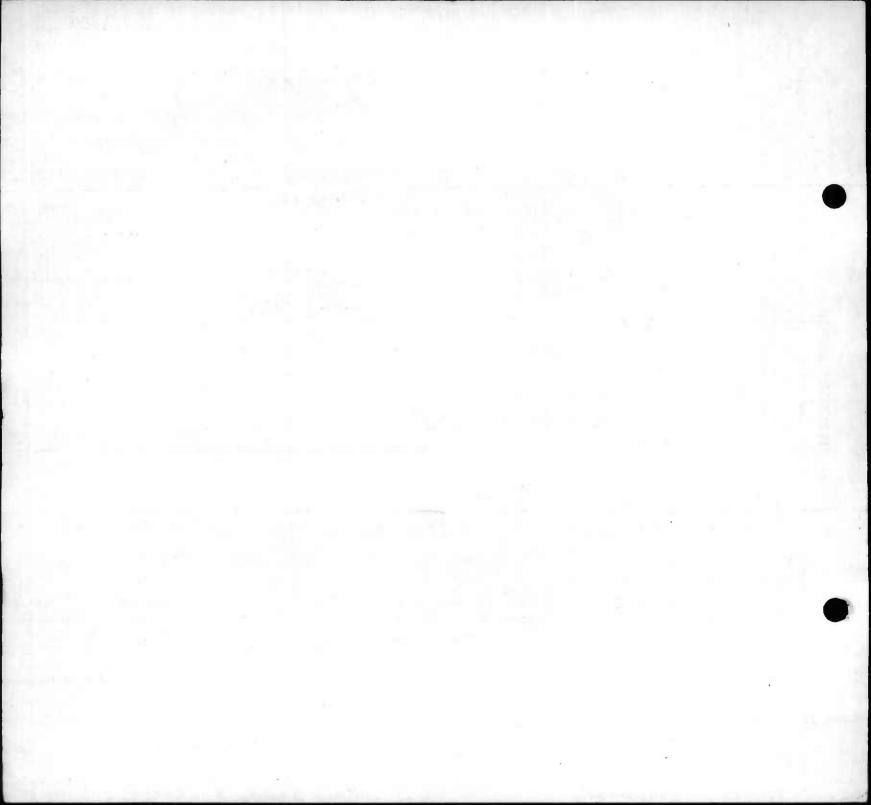
25B. NAME OF REGISTRAR

Balto. Co.,

ADDRESS

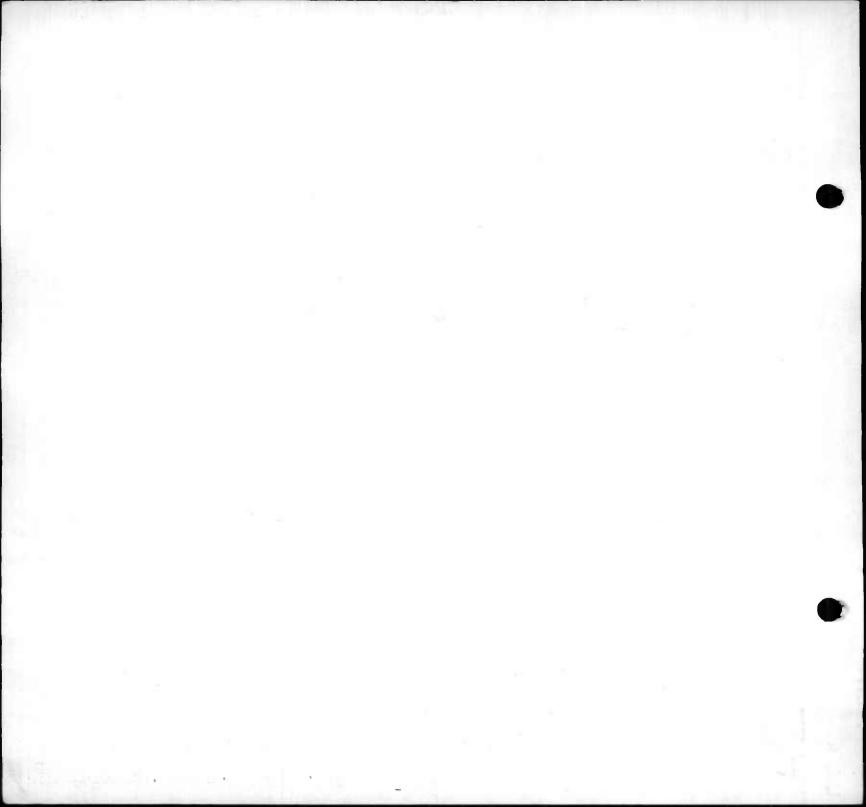
2SC. FUNERAL DIRECTOR

Ulrich-Funeral Home, Baltimore, Md.



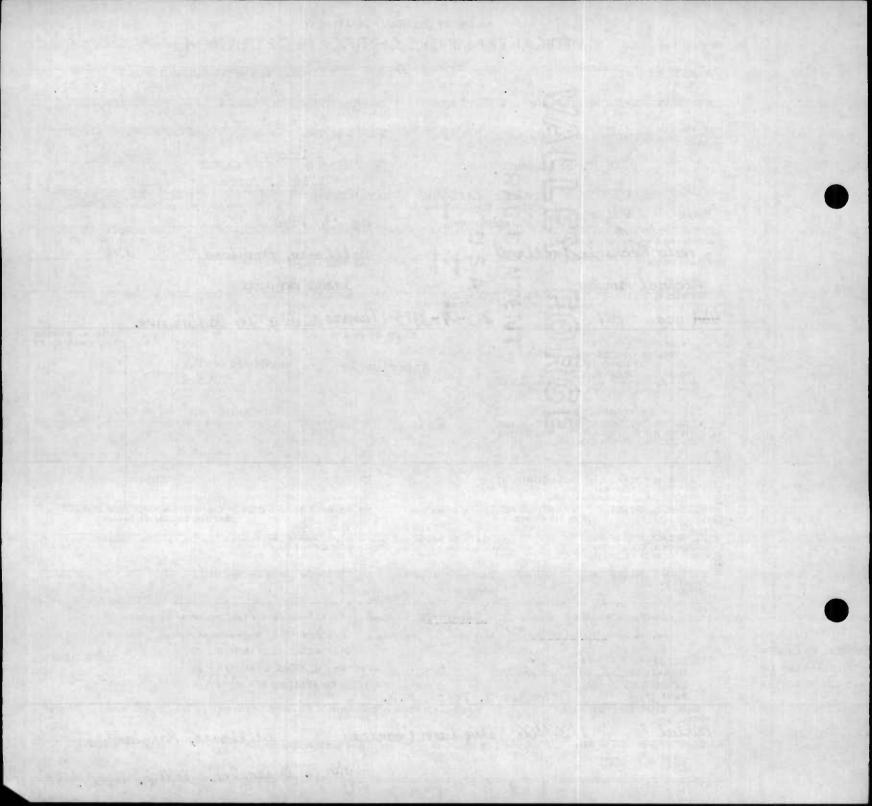
FUNERAL DIRECTOR: IMPORTANT	ORTANT	
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	if the direct or contributing ca	use of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	any kind; (4) Undetermined cause;	(5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	ed death was in regular attend	lance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	dance on the deceased prior to	death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.	or final disposition is made.	

	66 0	CERTIFICA	HEALTH DEPARTMENT	25-37-01	C		
- []	BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	6 00755 CU		
	1. NAME OF DECEASED			AND HOUR OF DEATH			
	(Type or Print) Thomas Fitzg	erald	Tax	21.15	966 930 P.M. Institution: residence before admission		
-	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. If in	stitution: residence before admission)		
	FULL NAME OF (If not in hospitol or institution HOSPITAL OR oddress or location) INSTITUTION	on, give street	C. CITY OR TOWN III	outside city limits, write	RURAL and give township)		
1			D. STREET ADDRESS	9			
	university Hospital			of rural, give location)	nue		
		ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	Male Cancesian +	lerried	12-22-94	7)			
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)		11. BIRTHPLACE (State or fe	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
	Tool Maker Retired Ma	rtin Company	Maryland		457-		
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
	Thomas P. Fitzgera	19	Winona	Boone			
	15 Was Deceased Ever in U.S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS		
	(Yes, no or unknown) (If yes, give wor or dotes of service)	216-09-5252	4 Chick				
	1B. 6 / 0 X I	CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
ì	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			ONSEL AND SEATH			
	(This does not mean the made of dying, e	.g., DUE TO	monery Ins	e-d-T	l h-		
	heart failure, asthenia, etc. It means the disectinjury or camplication which caused death.)						
	ANTECEDENT CAUSES	(B) BEAS	ym Prostatic Hypertrophy 3 years				
	DISEASES OR CONDITIONS, if any, giv	ing	1.4.	0 1 1.	n 3 days		
	rise Ia Ihe abave cause (A) slaling UNDERLYING CONDITION last.	ine (C) Hey	LE MILITARY	Releasing	7 2343		
	, II						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE					
	DISEASE OR CONDITION CAUSING IT.	R WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?		
	198. CONDITION FOR WAS PERFORMED	Prostatio Hype			USES OF DEATH?		
	, OK CONTRIBUTING CAUSE OF	Prostatie Hyper 21B PLACE OF INJURY (elg., in home, form, foctory, street, of	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimon	e City, give exact location)		
	DEATH (notify medical examiner)	etc.)					
	21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED While At Not Whi	21F. HOW DID I	NJURY OCCUR?			
	(APPROX)	Work At Work	Te				
	22. I certify that (I) (this hospital) attende	d the deceased fram 🥥	an 18	19 6 6 to J.	an 21 1966.		
	that (I) (we) last saw the deceased alive of	n J2N 21	19and	that in (my) (aur) api	nian death accurred an the date		
1	and haur and fram the causes stated above	. (I) (We) (did) (did not)	view the bady after deat	٦.			
	23A. SIGNATURE	M.D. AH	ending Med.	Stoff	23 B. DATE SIGNED		
	23C. PHYSICIAN'S	Phy	rs. Director	Phy s.	Janel, 1966		
	NAME (Type)	AA D	23D. ADDRESS				
	24A. BURIAL CREMATION. 24B. DATE 240 REMOVAL (Specify)	M.D.	Deat of Urola EMATORY 24D.	LOCATION IC	ity, town or county) (Store)		
	Burial 1/25/1966 25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	Baltimore Ceme	etery 25°C. FUNERAL DIRECT	Baltimore, A	Maryland ADDRESS D		
	JAN 2 4 1966 A A F 9 3	2. Ox, M. 8 ()	John As Mora	n Inc. 3000	E. Baltimore St.		



VS 151-REV. 1/1/65

BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) THOMAS E. MURPHY	January 20, 1966 3:00 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission B. COUNTY Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If autside carparate limits, write RURAL and give township)
2718 E. Fairmount Ave.	Baltimore D. STREET ADDRESS (II rurol, give locotion) 2718 E. Fairmount Avenue
5. SEX Male White 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) widowed	B. DATE OF BIRTH 9. AGE (In years 11 Under 1 Yr. 11 Under 24 H. Months Doys Hours Min. 123. 7898 67
done during most of working life, even if retired) Auto Mechanic (retired)	PII. BIRTHPLACE (Stole or foreign country) Baltimore, Maryland 14. MOTHER'S MAIDEN NAME
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Michael Murphy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	Sarah McCourt 17. INFORMANT ADDRESS
(Yes, no grunknown) (II yes, give wor ar dates of service) SECURITY NO. 215-07-3915	Thomas Marphy 306 Baylon Ave.
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, ostheria, etc. It means the disease, injury ar camplication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	iosclerotic cardiovascular diseas
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
V 21A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or obout 21C. WHERE DID (If in Boltimore City, give exoct lacation) office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT	21F. HOW DID INJURY OCCUR?
m. WORK AT W	WHILE O
I certify that I held an Inquiry Inspection Au	topsy and that on this basis, death in my apinion
resulted fram: Natural causes X Accident Suicid	Homicide Undetermined manner C
ACTUAL Calle & Celly 40	ASSISTANT MEDICAL EXAMINER E
EXAMINER'S NAME (Type) Charles S. Petty, M.D	ASSOCIATE MEDICAL EXAMINER 1-20-66
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY CREMOVAL (Specify)	
0 . 1 . 1 . 1	netery Baltimore, Maryland
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	240. FUNERAL DIRECTOR THE THE ADDRESS
IAN 9 A 1066 PO 1 Sallentia	01 1



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VS 150-REV, 1/1/65

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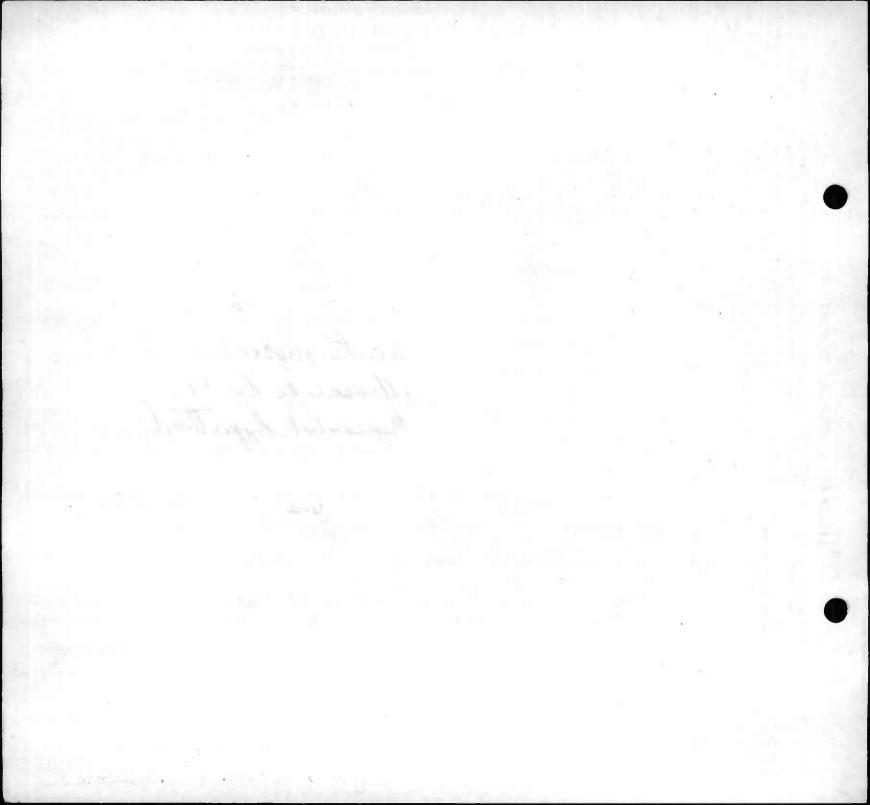
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hospital

John A. Moran Inc. 3000 E

made written approval REMOVAL (Specify Burial 25B. NAME OF REGISTRAR 1966 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR



shows: Ö SD M BRTH NO.

M.E. CASE NO.

I. NAME OF DECEASED

6. RACE

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and

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered Na. 900 2. DATE AND HOUR OF DEATH Z 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE COUNTY RYLAND (If not in hospital or institution, give street address or location) (If autside city limits, write RURAL and give township) BALTIMORE D. STREET ADDRESS rural. 4940 Eastern Avenue Balto If Under 24 Hrs. MARRIED, NEVER MARRIED B. DATE OF 9. AGE (In years If Under 1 Yr. -18 ep/ WIDOWED. last birthday Months Days Hours PRIMIED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF country WHAT COUNTRY? dane during mast pt working life, even if retired) MEL 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL (Yes, na on unknown) (If yes, give war ar dates of service) SECURITY NO. RECORDS:BCH 4940 Eastern Avenue 21224 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving the obave cause (A) stating the UNDERLYING CONDITION lost. 20 A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED 198. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED sete time Coura C. WHERE DID 21B.PLACE OF INJURY (e.g., in ar about 2 (If in Boltimare City, give exact location) hame, farm, factory, street, affice bldg., INJURY OCCUR?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examined 21 D. TIME (Manth) (Day) (Year) (Haue) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.)

22. I certify that (this hospital) attended the deceased from and that in (my) (our) apinion death occurred on the date that (W) (we) lost saw the deceased alive on

and have and from the causes stated above. (We) (did) (did not) view the body after death

Wark

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23A. SIGNATURE	松	andall	M.D.	Attending Phys.	Med. Director	Staff Phy s.	1-2/

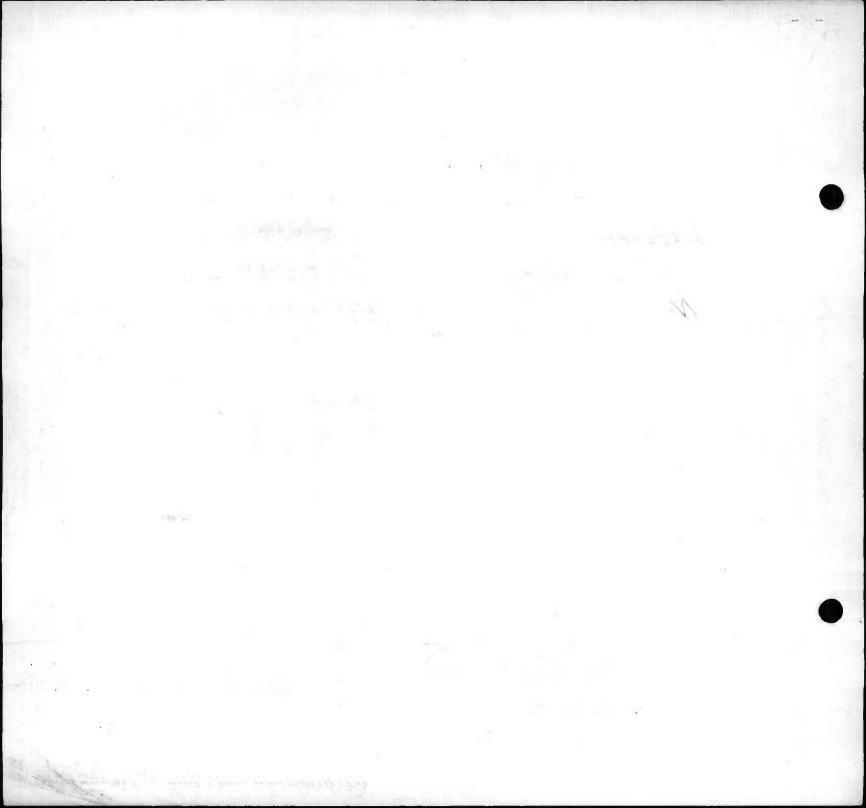
At Wark

23C. PHYSICIAN'S Balto. 23D. ADDRESS NAME (Type M.D.

Dr. John Randall 24A. BURIAL CREMATION, 24B. DAT 24C, NAME of CEMETERY OF FREMATORY (State) REMOVAL (Specify)

REC'D BY HEALTH DEPT 25A. DATE FUNER

VS 150-REV. 1/1/65



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VS 150-REV. 1/1/65

a hospital and

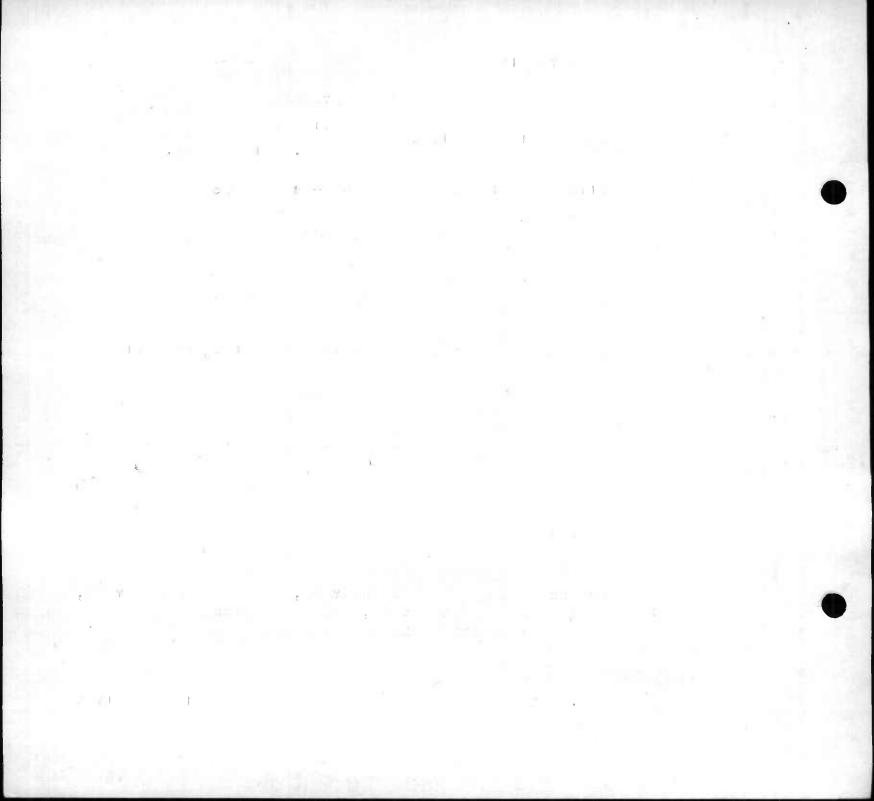
	and a subsection of a		BALTIMORE CITY	HEALTH DEPARTMENT		no arrea
BIRTH NO.	66 00759		CERTIFICA	TE OF DEATH	Registered No.	68 00759
M.E. CASE NO 1. NAME OF I Type or Print)	DECEASED	LPIRRE	ERA	2. DATE	AND HOUR OF DEATH	9:17 P
. PLACE OF	DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (VA. STATE	Where deceased lived. If in	stitution: residence before admission
FULL NAM HOSPITAL (OR oddress or locatio		give street	MARYLAND	f outside city limits, write F	CURAL and give township)
		outue l	1000174	BALTIMORE		
5	THE JOHNS HO	PKINS	TOSPITAL	D. STREET ADDRESS	(If rurol, give location) MILTON AVE.	
SEX FEMALE	6. RACE WHITE	7. MARRIED, WIDOWED	NEVER MARRIED DOWED (specify)	8. DATE OF BIRTH 2-25-99	9. AGE (In years lost bighday)	If Under 1 Yr. If Under 24 H Months: Days Hours Min.
	CCUPATION (Give kind of world st of working life, even if retired)			11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	TERATION	TAIL	ORING	ZTALY		U.S.A.
PAUL	NAME			SALVAT	0	= EOCM
	Sed Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT	MICE GIAN	FFAGNINO
res, no or unkn	(If yes, give wor or date	es of service)	SECURITY NO.	111.	Salcara - 20	an. Wilton au
18. 4	20,11		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DIS	SEASE OR CONDITION DI	RECTLY		W = 1 100 (DW - 7 - 1)		
heart faile	es nal mean the mode af ure, asthenia, elc. Il means	the diseose,	DUE TO		ARDIAL INFA	NOTION.
injury ar	camplication which caused		(8)			
DICEACE	ANTECEDENT CAUSES		DUE TO	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
rise la	S OR CONDITIONS, if the abave cause (A) YING CONDITION last.		(C)		900 00 00 00 00 00 00 00 00 00 00 00 00	
E TO THE	IGNIFICANT CONDITIONS C DEATH BUT NOT RELATED OR CONDITION CAUSING	ATED TO TH	3 E			
		IDITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes of	No) 208. IF YES, WERE IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
OR CONT	TDENT WAS UNDERLYING CAUSE OF only medical examiner	21 B. hom etc.)	e, lorm, foctory, street, o	n or obaut 21 C. WHERE DIE ffice bldg., INJURY OCCUR	(If in Boltimore	City, give exact locotion)
21D. TIME			INJURY OCCURRED		INJURY OCCUR?	
(APPROX)		Wos	k At Work			40
	tify that (1) (th XsXh&s\$iXa w X) last sow the decease				19 66, JA	NUARY 19, 19 6
	and from the couses sto					nion death occurred on the d
23A. SIGN		red opove. (I	/ (Mild) (displayed)	riew the body offer deo	m.	23B. DATE SIGNED
1.	he and the	Col	M.D. Atte	ending Med. Director	Staft Phys.	
23C. PHYSI		0		23D. ADDRESS	тпуъ. 🗀	
		OLD	M.D.		HNS HOPKINS	HOSPITAL
REMOVA	CREMATION, 24B. DATE	24C. NA	ME of CEMETERY OF CR	0	9	y, town, or county) (State)
BUR		Lb He	DLY YEDEF	MER CEM.	BALTO N	10.

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BALTIMO	RE CITY	HEALTH	DEPARTM	ENT X
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BIRT	н но. 66 007	60		TE OF DEATH	Registered No	66 10 60
1. N	CASE NO. AME OF DECEASED of Print RITTER, WIL			2. DATE AN	D HOUR OF DEATH	4:15 A.
	LACE OF DEATH IN BALTIMORI	E MARYLAND	give street	4. USUAL RESIDENCE (When A. STATE B. COUN Pennsylvania,	e deceased lived. If in: TY	stitution: residence before admission
	NSTITUTION Veterans A	aministrat Raven Blvd		C. CITY OR TOWN (If out.	side city limits, write R	URAL and give township)
1	Baltimore,			D. STREET ADDRESS (III)	orol, give locotion) Street	
5. S	EX 6. RACE Male Negro		NEVER MARRIED D, DIVORCED (specify) ed		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
don	USUAL OCCUPATION (Give kind during most of working life, even if rearmer			Allendale, S.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
	Jose Ritter			14. MOTHERS MAIDEN NAM Ella Brabham	ΛE	
(Yes	Wos Deceased Ever in U. S. Arm no or unknown) (If yes, give word Yes 7-18-18	od Forces? or dotes of service) to 1-18-19	16. SOCIAL SECURITY NO. 164-28-6573	V. A. Hospital,	Baltimore,	ADDRESS
~	DISEASE OR CONDITION LEADING TO DE		CAUSE O	compression ate	right lung lectasis and	interval between onset and death
	(This does not mean the madheart tailure, asthenia, etc. It rinjury ar camplication which c	de al dying, e.g., neans the disease, aused death.)	Arter	re pulmonary fibr		Many Years
	ANTECEDENT CA DISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION to:	, if any, giving (A) stoling the	DUE TO Pyelo	onephritis, chro	nic	Many Years
ATION	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS	RELATED TO TH	G Pulmo	nary tuberculos:	is	Many Years
ERTIFIC	19A. DATE OF OPERATION 19B.	S PERFORMED	WHICH OPERATION	Yes Yes or No.	208, IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE O DEATH (notify medical exominer)	F 21B	ne, form, factory, street, of	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Bollimore	City, give exact location)
MEDI	21D. TIME (Month) (Doy) OF INJURY (APPROX.)		INJURY OCCURRED ile At Not While At Work	e 21 F. HOW DID INJU		
	22. I certify that ((X) (this has that (X)) (we) last sow the de	ceosed olive on	January 22,	19 66 ond the		nion deoth occurred on the do
	ond hour ond from the couse 23A. SIGNATURE	s stoted obove. (1/	riew the body ofter deoth.	Stoff Phys.	238. DATE SIGNED 1/22/66
	23C. PHYSICIAM'S NAME (Type) Anna R	. Berky	M.D.	23 Graddress	l, Baltimore	e, Md. 21218
24A	BURIAL CREMATION, 24B. DA	TE 24C. N	AME of CEMETERY or CRE	EMATORY 24D. LC	CATION (Cit	ry, town, or county) (State)

966 Three Mile Creek Christian Allendale,
258. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR

S.C

ADDRESS

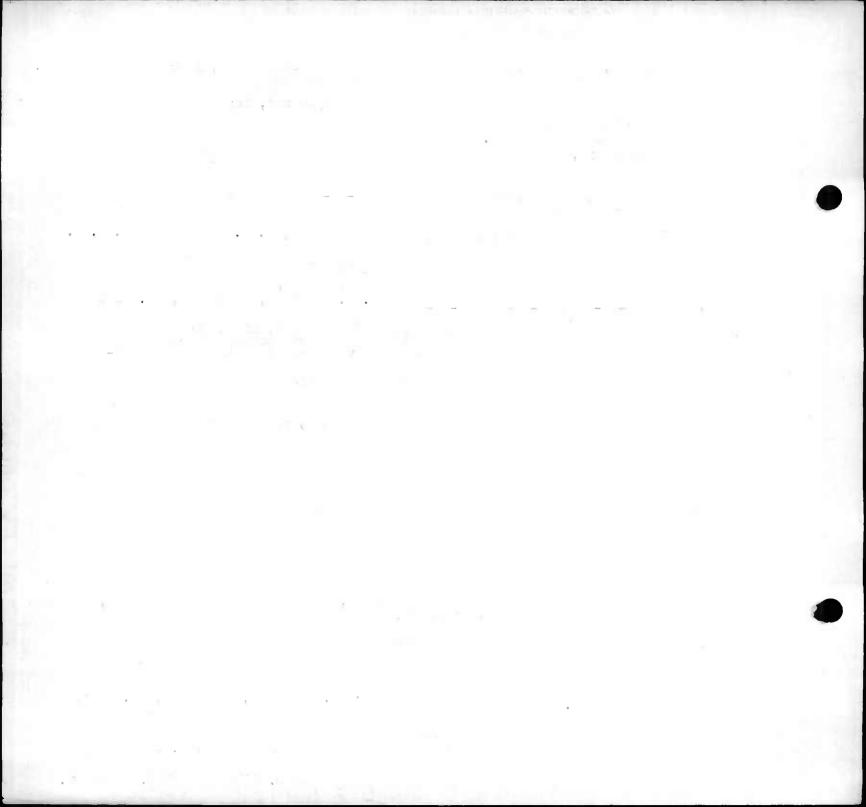
HEALTH DEPT. 1966

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Arlington S. Phillips 1727 N. Monroe

VS 150-REV. 1/1/65

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BALTIMORE CITY HEALTH DEPARTMENT

CO COLUL	E CITY HEALTH DEPA			00 00701
BIRTH NO. MEDICAL EXAMIN	VER'S CERTIF	ICATE OF	DEATH Register	ed Na.
M.E. CASE NO.				
1. NAME OF DECEASED William Allen	YHENY	2. DATE AN	Jan. 22. 19	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA	AD 4. USU.	AL RESIDENCE (Where	deceased lived. If insti	tution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE HOSPITAL OR ADDRESS OR LOCATION)		Maryland		RURAL and give township)
9137 Pinisian St	4.	Baltimore		14-03
Bastimare Maryle	D. STRE	2137 Divisi		
5. SEX 6. RACE 7. MARRIED, NEVER MA WIDOWED, DIVORCED		OF BIRTH 16-190	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
to A USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS done during most of working life, even if refired)	OR INDUSTRY 11. BIRTI	IPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOT	HER'S MAIDEN NAM	E , TICA.	
William A. allen &	le.	Unkn	dun	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service) SECURI		RMANT		ADDRESS
NO 220	17.51.91 1	sos-for 1	100 m. 2	137 Dinisia
18. 4 9 9	CAUSE OF DE	ATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	Δ)		7124-14-2	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	UE TO Arterio	sclerotic c	ardiovascula	r
injuly of complication which coused dealth.		D.		THE RESERVE OF THE
ANTECENDENT CAUSES	(B)	Disease		
RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO			
UNDERLYING CONDITION LAST.	C)	800 v 0 v 0 v 0 00 v v v 0 00 00 0 0 v v 0 00 0		
2				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPI WAS PERFORMED				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPEN WAS PERFORMED		AUTOPSY? (Yes or No)	20 B. IF YES, WERE FIN	
O UNDERLYING OR CONTRIB- home, form, foc		1 21C. WHERE DID	(If in Boltimore City, giv	re exoct location)
7				
OF INJURY		21F. HOW DID INJ	URY OCCUR?	
(APPROX.) m. WHILE AT WORK	AT WORK			
22. I certify that I held an Inquiry Inspecti	ian X Autapsy	and that an th	is basis, death in m	y apinian
resulted fram: Natural causes X Accident	Suicide .	Hamicide 🗌	Undetermined manne	e 🗌
7	, c	HIEF MEDICAL EX	XAMINER	D. T. T. C. C. L. T.
SIGNATURE Merner 1. 30	M.D. ASSIST	ANT MEDICAL EX	XAMINER 🔽	DATE SIGNED
EXAMINER'S NAME (Type) Werner U. Spitz, M.D	ASSOC	IATE MEDICAL E		1/23/66
23A. BURIAL CREMATION, 23B. DATE 23C. NAME	CEMETERY or CREMA	TORY 23D. L	OCATION (City,	town, or county) (Stojet
REMOYAL (Specify) Burial 1/26/66 ashi	itus Me	m. Sh. 18	actima	re my.
JAN 24 1966 Company E, Salar	24C	Philipate	Allolin	ADDRESS 1727) MALIA
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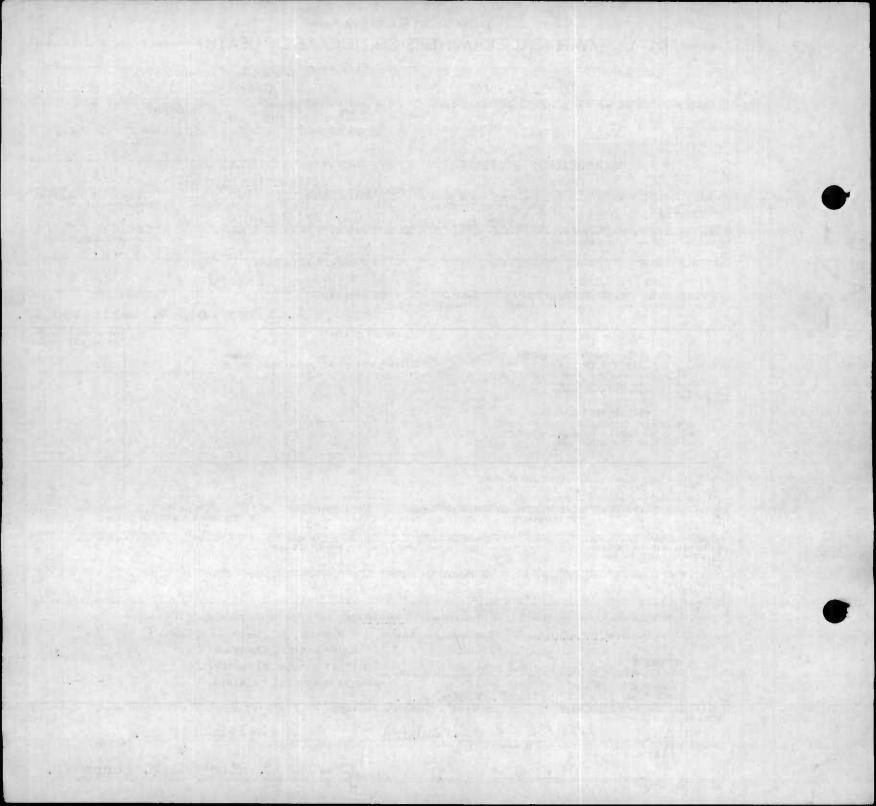
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BALTIMORE	CITY	HEALTH	DEPARTMEN	JT
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BIRTH NO.	MED	ICAL EX	CAMINER'S CE	RTIFICA	TE OF L	DEATH Registe	ered Na	B UU ZDE
M.E. CASE N								
1. NAME OF		MATIER	Bilhe	rt)		22/ 1 966	ED DEAD	2.25 A
3. PLACE IN	BALTIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RES	DENCE (Where	deceased lived. If ins B. COI	titution: reside	nce before odmission
FULL NAME HOSPITAL O	OF (IF NOT IN HOSPIT R ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TO	OWN (If outside	e corporote limits, writ	e RURAL ond	give township)
6	700 01117				Baltimor			
7	PROVIDI	ent hosp	TTAL	D. SIKEEL AD	DRESS (If rurol,	lem Avenue		
5. SEX	6. RACE			8. DATE OF BIS		9. AGE (In years	If Under 1	Yr. If Under 24 Hrs.
Male	Colored	Sin	OIVORCED (specify)	2-1:	7-1939	7 lost birthday		oys Hours Min.
done during m	OCCUPATION (Give kind of working life, even if retired)	KIOR KIND OF	USINESS OR INDUSTRY	11. BIRTHPLACI	(State or loreig	arelena	12. CITIZEN WHAT	COUNTRY?
13. FATHER'S	NAME D	1 -	- /	14. MOTHER'S	MAIDEN NAM			
	Danie	e m	Tation	Car	elie	Kudd	/	
	EASED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMAN		1	ADDRESS	1
			237.62-0017	Alex	in A	with To	11111	Mulherry &
18.	7.P.I.Y.			OF DEATH	7	7		NTERVAL BETWEEN
D	ISEASE OR CONDITION DE	RECTLY						אואבר אווט טנאווו
(This	LEADING TO DEATH		xxxxxx Gu	nshot wo	und of	chest, invol	vine	••
heort t	oilure, osthenio, etc. It means or complication which coused	the discose,	201 10					
	ANTECENDENT CAUS	= <	ao	rta ans	left lum	ig		
	SES OR CONDITIONS, IF	ANY, GIVING	(BI	***************************************				
	O THE ABOVE CAUSE (A) S RLYING CONDITION LAST.							
Z			(C)					
OTHE	II SIGNIFICANT CONDITIONS	CONTRIBUTION	1G					
O TO T	HE DEATH BUT NOT RE	LATED TO T		**********	*****************	. o o h o		
19A. DA1	TE OF OPERATION 198. CON	NDITION FOR	WHICH OPERATION	Yes	SY? (Yes ar No)	20B. IF YES, WERE FI	NDINGS COI	NSIDERED TH? Yes
ZIA. EXT	ERNAL CAUSE WAS	218.	PLACE OF INJURY (e.g., i	n or obout 21 C.				
	CAUSE OF DEATH.	etc.)	form, factory, street, o	1110	xi occox:]	L313 Harlen	a Avenue	e, Baltimore
Z 21 D TIM		ir) (Hour) 2	TE. INJURY OCCURRED	21 F.	THE DE WOR	JRY OCCUR?		
(APPROX.	1		VHILE AT NOT V		shot by	common las		
22.	Jans 22 66 certify that I held an	- Zoodin		A				Marie Control
	resulted fram: Natural ca					is basis, death in		
	resulted fram; Natural Ca	luses A	sceident Suicide		MEDICAL EX	Indetermined mann	er	
	TUAL helane	4.2	1	ASSISTANT				DATE SIGNED
	MATURE Werner U	Spit	M. D.		MEDICAL EX		Jan. 2	2/66
	ME (Type)	P		AJJOCIATE	MEDICAL L	Amitten		
23A, BURIAL REMOMAL (S	CREMATION, 23B. DATE	23	C. NAME OF CEMETERY OF	CREMATORY	23D. L	OCATION (City	, tawn, or cou	unty) (Spate)
Bus	in 1/2/6	166 1	mt. Culy	nn-	13	antino	11.	mx.
24A. DATE R		24B, NAME		24C, FUNI	RAL DIRECTOR	2011	AD	DRESS
	JAN 24 1966	Of Part	2, starbugan	VINV	ueto.	Athilli	2017	2711. Maure
VS 151-REV.		7. 6		1	1000	with ment	0110	77774

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	H NO. 65-	24301 MED	ICAL EX	AMINER'S	CERTIFICATE (OF DEATH	Registered No.	63 00/63
1.	NAME OF DECI	EASED			2. DA	TE AND HOUR PR	ONOUNCED DEAD	
Пу	oe at Print)	MICH	ELLE LIN	DY		January	19, 1966	11:25 A _M
		MORE MARYLAND, W			4. USUAL RESIDENCE	Where deceased liv	ved. If institution: res	sidence befare admission)
HO	L NAME OF	ADDRESS OR LOC	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN (II	outside corporate l	imils, write RURAL	and give township)
IIV 2	TITUTION				Baltin	more		20-02
4		BON SECO	JRS HOSP	ITAL	D. STREET ADDRESS			
1						W. Lexingt		
5. \$	Female	Negro	WIDOWED, I	NEVER MARRIED DIVORCED(specify) Married	8. DATE OF BIRTH 11/19/65	last birth		er 1 Yr. If Under 24 Hrs. Days Haurs Min.
		PATION (Give kind of wor	k TOB KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (Slote	or foreign country)	12. CIT	ZEN OF AT COUNTRY?
u di	s doring mast at w	arking inc, even il lollico,			Maryland			SA.
13.	FATHER'S NAMI				14. MOTHER'S MAIDEN			
		les Lindy				Pinkard		
		If yes, give war or dot		SECURITY NO.	17. INFORMANT		ADDRE	
					Carolyn P.	Lindy 2	616 W. L	exington SI
CERTIFICATION	(This does not heart foilure, injury or com AN DISEASES OR RISE TO THE UNDERLYING OTHER SIGN TO THE DISEASE OR	E OR CONDITION D LEADING TO DEAT if mean, the made of asthenia, etc. If mean plication which caused NTECENDENT CAUS R CONDITIONS, IF ABOVE CAUSE (A) S G CONDITION LAST. II IFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSIN OPERATION [19 B, COI	d i dying e.g., s the discose, deoth.) ES ANY, GIMING THE CONTRIBUTING TO TIGG IT.	(B)(C)	erstitial pneu	or No) 20 B. IF YES,	, WERE FINDINGS	
EDICAL	21 A, EXTERNAL UNDERLYING I UTING I CAUS	CAUSE WAS OR CONTRIB-		PLACE OF INJURY (e.g. farm, factory, street,	Yes, in ar obout 21C. WHERE affice bldg., INJURY OCC		Yes	
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yes	V	HILE AT NOT	WHILE	D INJURY OCCUR	?	ligramii -
REA	ACTUAL SIGNATU EXAMINE NAME (T BURIAL CREM MOVAL (Specify) Burial	ER'S ype) Cha	uses X A urles S. 230 266	Inspection A	D. ASSISTANT MEDIC. ASSOCIATE MEDIC	Undetermin AL EXAMINER [AL EXAMINER [AL EXAMINER [23D. LOCATION Baltim	(City, tawn, ar	DATE SIGNED
	JAN 151-REV. 1/1/6	2 4 1988 0	252	fallema o			661 W.	Barre St.



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GREEN. PRICE BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIR H NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 1-18-66 6:00 Price Green 4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE Maryland FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address or (acation) C. CITY OR TOWN (It autside city limits, write RURAL and give township) INSTITUTION Baltimore (If rural, give location) D. STREET ADDRESS The Johns Hopkins Hospital 11 North Exeter Street 9. AGE (In years 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH (I Under 1 Yr. († Under 24 Hrs. 6. RACE 5. SEX last birthday Hours WIDOWED, DIVORCED (specify) 47 1-22-18 Negro Married Male 12. CITIZEN OF 10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State at fareign country) done during most of warking life, even if retired) A01 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Daisy Joyce Price Green 7. INFORMANT ADDRESS 15. Was Deceased Ever in U. S. Armed Farces 6. SOCIAL (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dving, e.g., heart failure, asthenia, etc. It means the disease, injuly at camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? XXX NO 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, larm, factory, street, affice bldg., INJURY OCCUR? 2YA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Baltimare City, give exact (acation) MEDICAL DEATH (notify medical examined etc.) 210, TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Wark 22. I certify that (N (this hospital) attended the deceased 66 and that in (my) (aur) optinion death accurred on the date that (IY(we)) ast saw the deceased alive on and haur and from the causes stated above. (((We) did) Adid nat) view the bady after death. 23B. DATE SIGNED 23A. SIGNATURE Attending Staff Med. M.O. KXXXXXX 1-18-66 Phys. Oirector L Phys. 23C. PHYSICIAN'S NAME (II) pe) 23D. ADDRESS M.D. 24A. BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CREMATORY at county) REMOVAL (Specify ADDRESS

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

Mayber To herepail A Stences JUMAS PERSON IT IT IT

(4) Undetermined cause; (5) Deceased contributing cause of death prior occurred regular deceased death = Was the assistant if IMPORTANT death LO attendance any pronounced of FUNERAL DIRECTOR: the chief medical examiner 9 regu ho 4 3 3 physician Mas burns; physician Body the 0 (2) (except where the body was released to the hospital °Z. any nature; by 9 approved and shows: (1) An accident of eath) hospital

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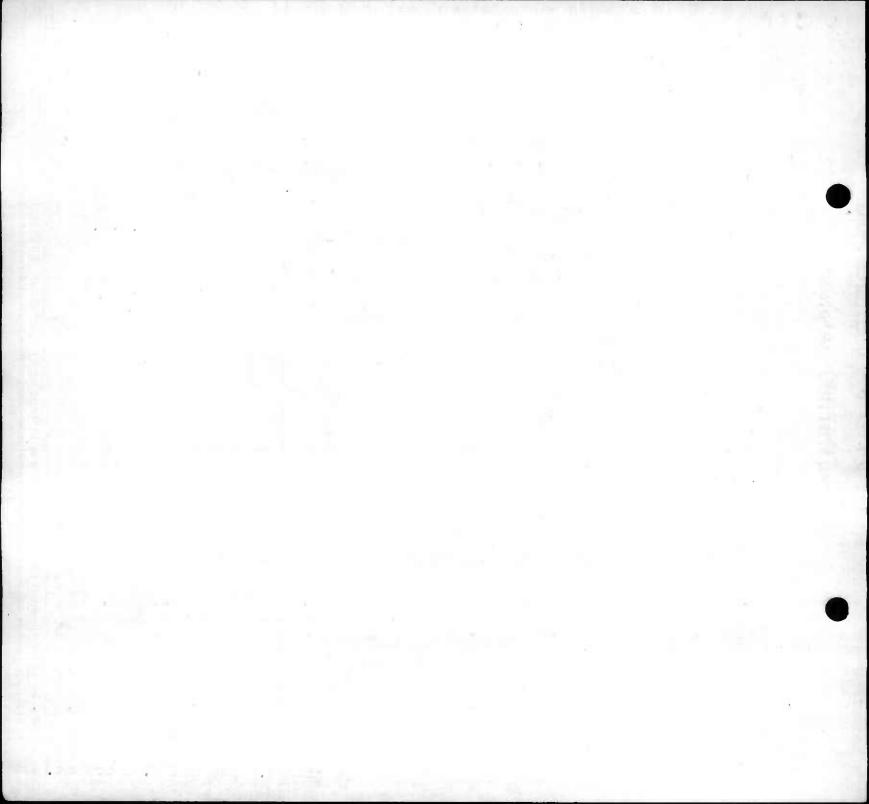
hospital

BALTIMORE CITY HEALTH DEPARTMENT Registered No. (1) BIRTH NO. 66 00 765 CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) January 21, 1966 12:10p M

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

B. COUNTY Annie Mae White Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL Provident Hospital Baltimore
DDRESS (If rurol, give locofion) 1514 Division Street D. STREET ADDRESS Baltimore, Maryland 21217 650 George Street 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 9. AGE (In years 5. SEX 6. RACE B. DATE OF BIRTH If Under 24 Hrs. Had 10st birthdoy Months Doys Hours Negro Wirdrowwn 1914 Female IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) South Carolina dispositio Domestic Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown Unknown 15. Was Deceased Ever in U. S. Armed Forces! 17. INFORMANT ADDRESS 6. SOCIAL Phone: 566 4487 final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 217-48-5876liver Fryson-brother 832 W. Vine Street CAUSE OF DEATH INTERVAL BETWEEN OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the the remains UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED CERTIFI WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDIC obtained (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Work At Work 19 66 to January 22. I certify that (I) (this haspital) attended the deceased from January 66 that (1) (we) last saw the deceased alive an January 21. and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. Med. Stoff Director L approval Phy s. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Roger Theodore 1514 Division Street - Baltimore 17, Md. M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) 1/27/ South Carolina Summerton 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT.

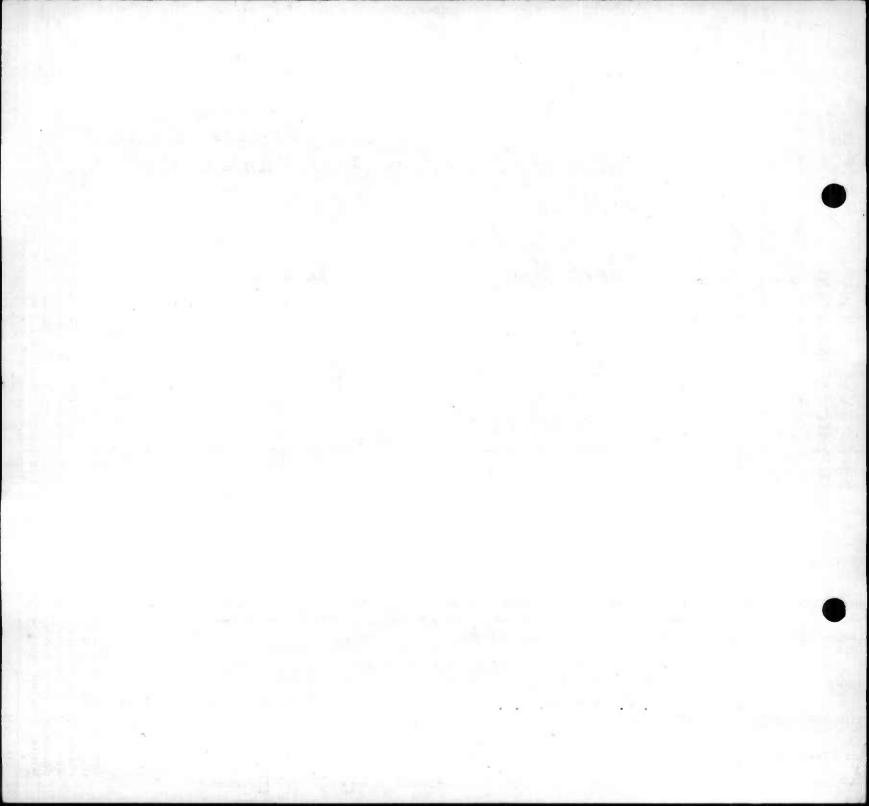
January 21, 1966 25C. FUNERAL DIRECTOR ADDRESS Charles A. Rice 661 W. Barre St.



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

20 00500	BALTIMORE CITY	HEALTH DEPARTMENT		COS AMPLIAN
BIRTH NO. 66 00766 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	65 110766
1. NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	
(Type or Print) Carrie	419	1-1	9-66	5:25 P.M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	J	A. STATE B. COUN		itution: residence before admission)
FULL NAME OF (If not in hospital or institution) HOSPITAL OR oddress or location)	tion, give street	C. CITY OR TOWN 19 of	tside city limits, write RU	JRAL and give township)
		Baltin	POPE Z	1225
South Baltimore G	Eneral Hos	-3408 Su	n/ea (1. 25-06
	RIED, NEVER MARRIED OWED, DIVORCED (specify)	12-8-87	9. AGE (In years lost birthdoy)	If Under 1 Yr.)f Under 24 Hrs. Months Doys Hours Min,
10A. USUAL OCCUPATION Dive kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
done during most of working lite, even if retired)	None		D.C.	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Robert Your	10	1-1001	JEGVED.	
15. Was Deceased Ever in U. S. Armed Parces?	J 16. SOCIAL	17. INFORMANT	veaver.	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of ser	SECURITY NO.	Fina M. Sta	Ne 1313	W Sarataga St
18. 4 5 / X I	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY		1 1	1	
LEADING TO DEATH	(A) Disi	ecting Thora	CIC HABURYSA	1
(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dis	e.g., DUE TO			
injury or complication which coused death.)	n	SCVD		
ANTECEDENT CAUSES	(B) A	3000.		
DISEASES OR CONDITIONS, if ony, g				
rise to the obove couse (A) storing UNDERLYING CONDITION tost.	ihe (C)			
ONDERENTO CONDITION 1051.				
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO	UTING THE			
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	N 208 IE VES WERE EI	NDINGS CONSIDERED
WAS PERFORMED		VES	IN CERTIFYING CAUS	
U 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	for obout 21C. WHERE DID fice bldg., INJURY OCCUR?	()f in Boltimore	City, give exact location)
OF INJURY (Month) (Doy) (Yeor) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not While At Work			
22 1 .:(.1 . (41-(.1:-1 - :.1)		1-19	20/1/	1-10 -11
22. I certify that (+(this hospital) attend	1		19 <i>66</i> to	-
that (#) (we) last sow the deceased olive	/		ot in(AP) (our) opini	an death accurred on the date
and have and from the causes stated aba	ve. (I) (We) (did) (did not) v	lew the body after death.		- 4
23A. SIGNATURE				23 B, DATE SIGNED
H. 1- Hargu	M.D. Atte	nding Med.	Stoff Phy s.	1-20-66
23C. PHYSICIAN'S	1	3D. ADDRESS		1
H. J. Hargrave, M.) . M.D.	South Baltimore	General Hos	pital
24A, BURIAL CREMATION, 24B, DATE 2	C. NAME of CEMETERY OF CRE			, town, or county) (State)
Burnal 1/24/66	mt and	are 1.	Balten	ine mos
JAN 2 4 1966 (2)	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Reco 66	ADDRESS III Barre St
VS 150-REV. 1/1/65		0765	10-06	7/ /-



shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.

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		Y HEALTH DEPARTMENT	
BIRTH NO. 66 007	CERTIFICA	ATE OF DEATH RO	gistered Na <i>66</i> 00767
M.E. CASE NO.	OCIATITO!	2. DATE AND HO	UR OF DEATH
Type or Print) ANNIE PARK	TT.	1-20-	
3. PLACE OF DEATH IN BALTIMORE, MA			cosed lived. If institution; residence before admission)
TEACL OF BEATH IN BALLIMORE, WIL	ANIEONE	A. STATE 8. COUNTY	osed lived. If hisholidis lesidence belore domassions
FULL NAME OF (If not in hospitol	or instilution, give street	MARYLAND	X-10
HOSPITAL OR oddress or location	on)		ty limits, write RURAL and give township)
THE JOHNS HOP	PKINS HOSPITAL	BALTIMORE	
9			ive location)
		1823 N. COLLI	NGTON AVENUE
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE	(In years If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours; Min.
FEMALE NEGRO	MARRIED	4-12-15	50
10A. USUAL OCCUPATION (Give kind of wo		Y 11. BIRTHPLACE (State or foreign cou	
done during most of working life, even if retired)		Con Oir Co	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	unufur.
TATHERS NAME			A
BUTLER BEELY		SALLY FORGE	R tolline
15. Was Deceased Ever in U. S. Armed Fo (Yes, no or unknown) (If yes, give wor or do	orces? les of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
, , ,	SECONIII NO.	Illumin tout 21	<u></u>
118. 44. 0 0 /	CAUSE	OF DEATH	INTERVAL SETWEEN
DISEASE OR CONDITION D		^-	ONSET AND DEATH
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(This does not mean the made a	f dying, e.g., DUE TO	monary	7 7 000
heart failure, asthenia, etc. II mean injury ar camplicalian which cause			
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	DUE TO		
DISEASES OR CONDITIONS, if		Ricarditio (?)
UNDERLYING CONDITION last.	(6)	monam arter	Disease
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O OTHER SIGNIFICANT CONDITIONS		1. dear som	
TO THE DEATH BUT NOT REL		appearence	
	NDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B.	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
E 0	KI OKIVIED	No	SERVINIO CAUSES OF BEATT.
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Soltimore City, give exoct locotion)
DEATH (notify medical examiner)	etc.)	onice stogg into ki o cook.	
D 21 D. TIME (Month) (Doy) (Year	Hour 21E, INJURY OCCURRED	21F. HOW DID INJURY O	CCUR
OF INJURY	While At - Not Wh		
(APPROX.)	Work At Wor		
22. I certify that (1) (this haspite	र्वि) attended the deceased fram	1-16-66 19	ta 1- 20 19 Cel
that (I) (we) last saw the deceas	sed alive an 1 - 20	19 Cole and that in (my) (aur) apinlan death accurred an the date
and have and from the causes st	ated abave (1) (We) (did) (did nat)		
23A. SIGNATURE			23 B. DATE SIGNED
my tail a	M.D. A	ttending Med. Stoff	1-20-66
23 C. PHYSICIAN'S	Ph	ys. Director Phys.	
NAME (Type)	M A DAVIC		KING HOCDITAL
- After the Party of the Party	M.A. DAVIS M.D	THE JOHNS HOP	NINO MUSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) HEALTH DEPT.

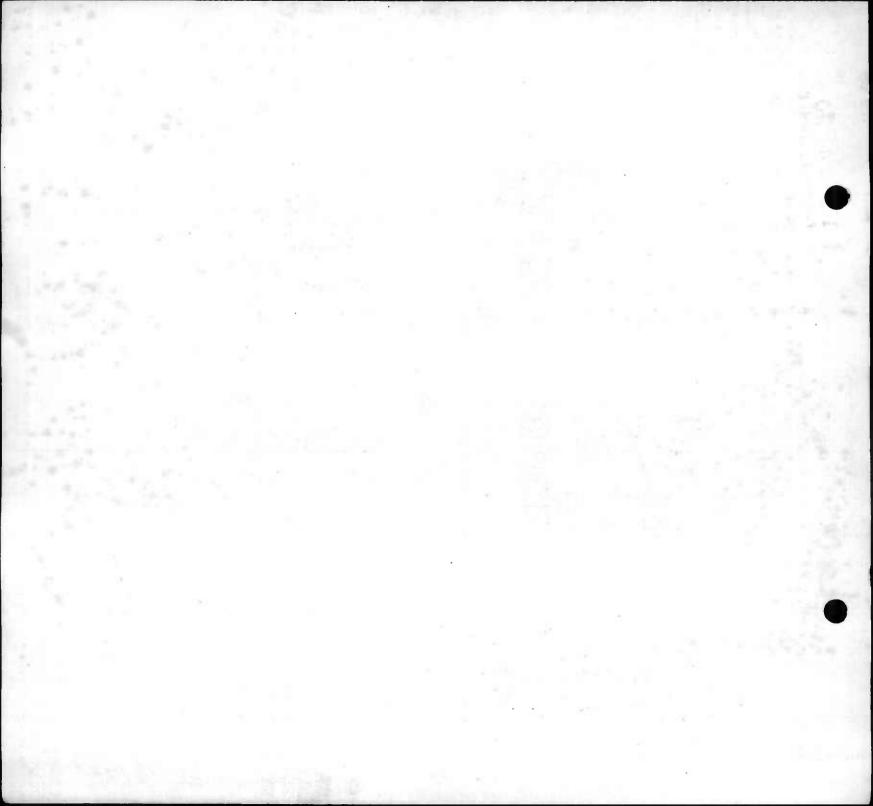
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25C. FUNERAL DIRECTOR

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44-67-83

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 65 11768 66 00768 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Walter White January 21, 1966 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) Maryland (If not in haspital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If autside city limits, write RURAL and give tawnship) INSTITUTION Baltimore City Hospitals Baltimore 4940 Eastern Avenue D. STREET ADDRESS (If rurol, give location) 21224 Baltimore. Maryland 2618 E. Biddle Street 21213 mad 7. MARRIED, NEVER MARRIED If Under 1 Yı. Months: Doys 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours lost birthdov Male Negro Married 4-1-1899 66 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition dane during most of working life, even if retired Virginia U. S. A. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME George White Dora 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 1 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. final /6-1//3 RECORDS:BCH 4940 Eastern Avenue INTERVAL BETWEEN 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Odonscorcenovaluy 8,000 balmed LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) me ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 20 A. AUTOPSY? (Yes of No) 198, CONDITION FOR WHICH OPERATION 20B, IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) U DEATH (notify medical examiner etc.) MEDI obtained (Manth) (Day) (Year) (Haur) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (I) (we) lost sow the deceased olive on 19 6 0 and that in (my) (our) opinian death occurred on the date and hour and from the couses stated above. (1) Wer (did) (did nat) view the body after death. must 23 B. DATE SIGNED 23A. SIGNATU Stoff Phys. Attending Phys. M.D. Med. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 4940 Eastern Avenue Balto., Md. M.D. Dr. Stephen Gregg

25C. FUNERAL DIRECTO

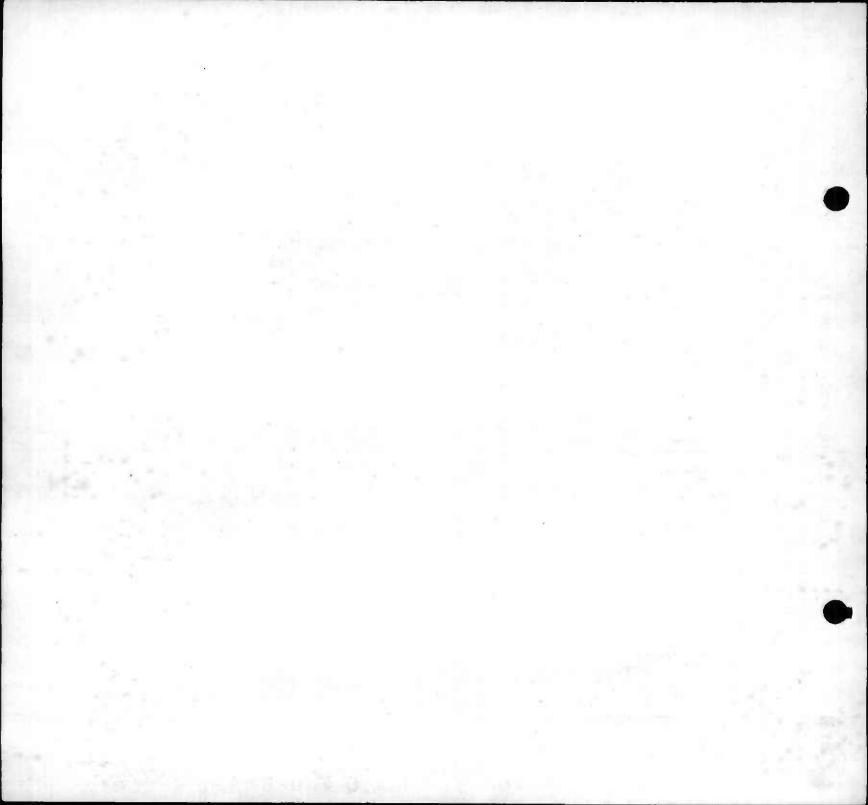
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eath) 0 0 approval prior 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATOR (City, town, or county) eceased REMOVAL (Specify decease

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	FUNERAL	DIRECTOR:	FUNERAL DIRECTOR: IMPORTANT	•	118 686
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	d by the chief med	dical examiner	or his assistant i	f death occurre	d in a hospital and a
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	spital by a medi	cal examiner.	Also, if the dire	ct or contribut	hing cause of death
snows: (1) An accident of any nature; (2) body burns; (3) A tracture of any kind; (4) Underermined cause; (3) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	ture; (z) boay bur twhere the phys	ician who pror	nounced death	was in regular	attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	6) No physician w	vas in regular	attendance on t	he deceased p	prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.	ed before the rem	nains are embal	med or final dis	position is made	

			363	BALTIMORE CITY	HEALTH DEPARTMENT		
	H NO.	65 G	100	CERTIFICA	TE OF DEATH	Registered No.	66 00769
1. N	AME OF DEC	CEASED			2. DATE	AND HOUR OF DEATH	
	e or Print)	Banks,	Cha	rlie	Jan	nuary 20, 10	066 6:15 a M
		ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (VA. STATE B. CO	Where deceased lived If in DUNTY Baltimbre	stitution; residence before admission)
- 1	HOSPITAL OR	OF (If not in hospital oddress or location	oi instituli n)	ion, give street		outside city limits, write	RURAL and give township)
	NSTITUTION				Baltimore		1002
2	3	Johns Hop	kins	Hospital	D. STREET ADDRESS	(If rurol, give location)	
						ager St.	
S. S	Male	Negro		NED, NEVER MARRIED WED, DIVORCED (specify) Single	8. DATE OF BIRTH 4-19-98	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
don		working life, even il retired)	k 10B. KINI	O OF BUSINESS OR INDUSTRY	Virginia	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NA				14. MOTHER'S MAIDEN		
	Calvin	Banks			Rosetta	a Stokes	
IS. (Ye:	Wos Deceases, no or unknow	d Ever in U. S. Armed Fa	rces? es of servi	SECURITY NO.	17. INFORMANT		ADDRESS
U	nknwon		0 1	CAUSE	Son Son		INTERVAL BETWEEN
	17	SE OR CONDITION DI	DECTLY	CAUSE	PEAIN		ONSET AND DEATH
	Distr	LEADING TO DEATH	NEC IEI	(A)	Uremia		Unknown
		nat mean the made of asthenia, etc. It means		e.g., DUE TO	• • • • • • • • • • • • • • • • • • •		99 99 99 A (A MINIPLE IN 188 9 N. 0. 0. 0. 0. 0. 18 MINIPLE IN MINIPUL IN MIN
		mplicalian which coused			Unknown		
		ANTECEDENT CAUSES		DUE TO			
		OR CONDITIONS, if above cause (A)					
		G CONDITION last.	g	(0)			
ATION	TO THE	III IIFICANT CONDITIONS (DEATH BUT NOT REL CONDITION CAUSING	ATED TO		ssible cance		Unknown
CERTIFICA		F OPERATION 198. CON WAS PER	IDITION F			No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	OR CONTRIB	ENT WAS UNDERLYING TO UTING CAUSE OF y medical examiner No	_	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DI	D ((f in Boltimos	e City, give exact location)
MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)	(Hour)	21 E. INJURY OCCURRED While At Work Not White At Work	le 🗀	INJURY OCCUR?	
	22. I certify	y that (I) (this hospita	l) ottend	ed the deceased from 1=	18-66	19 66 to Jai	nuary 20 196
				on January 20			nion death accurred on the date
	23A. SIGNAT		ted obov	e. (I) (We) (did) (did not)	view the body offer deo	th.	23B. DATE SIGNED
		Com an M/E	2000	00 M.D. AI	ending Med.	Stoff (7)	2300 07112 0101120
	23 C. PHYSICI		, Hu	Ph	23D. ADDRESS	hns Hopkins	Hospital
24/	BURIAL CR	EMATION, 24B. DATE	/ 24	C. NAME of CEMETERY OF CE			ity, town, or county) (Stote)
-	Buris	el 1/241	166	Ballo. nat	l Cemi	5501 tredre	ik En
25/	JAN 2	4 1966 ()	25B, NA	ME OF REGISTRAR	25C. FUNERAL DIRECT	Elickern 1	1299 Carlie St
VS	150 PEV 1/1	/45			111 / 6	0	The state of the s



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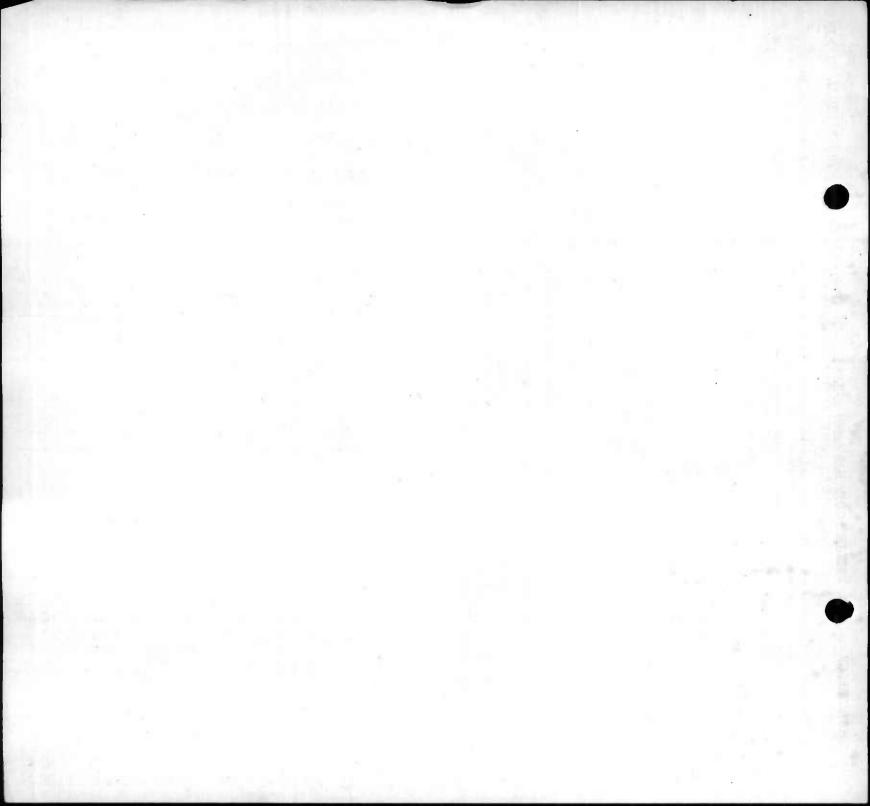
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	TH NO. 60 0 66 00771	CERTIFICA	TE OF DEATH	Registered Na	3 00770
1. N	AME OF DECEASED	SCOTT	2. DATE A	1/20/66	7:07 pm
	FULL NAME OF (If not in hospital or instituted of the state of the sta	pkins Hospital	MARVIAI	note deceased lived. If institution in the INTY	Itation; lesidence before odmission)
3	BAL Himope	Adw AY Md 21205	D. STREET ADDRESS	If rurol, give location) A 11	AS STREET
5. 5		MARRIED MARRIED MARRIED MARRIED	5-29-88	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 His. Months: Doys Hours Min.
don	USUAL OCCUPATION (Sive kind of work) 108. KIN (e during most of working life, even if retired) THE CREEK! USE	OF BUSINESS OR INDUSTRY	Theenba	ul la.	12. CITIZEN OF WHAT COUNTRY?
1	FATHERS NAME A 1/EV Was Deceased Ever in U. S. Armed Forces? s,no or unknown (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Rowlett	ADDRESS 04
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE	Canar Cer	11211	INTERVAL BETWEEN ONSET AND DEATH
	(This does not meen the made of dying, heart foilure, asthenio, etc. It means the dise injury or complication which caused deeth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the above couse (A) stoting UNDERLYING CONDITION last.	ose, (B) DUE TO			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE Deh	y 0141701-1	m/NI3	
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (or)	No. 208. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
CAL CE	2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY(e.g., home, form, foctory, street, etc.)	in or obout 21°C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)	21 E. INJURY OCCURRED While At Not White At Work		IJURY OCCUR?	
	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated above	an 1/20/	19 66 and	that In(my) (aur) apini	an death accurred an the date
	23A. SIGNATURE Philys Horon	1	ending Med. Director		23B. DATE SIGNED
24/	23C. PHYSICIAN'S NAME (Type) Philip HOROW IT BURIAL CREMATION, 24B. DATE 24 BURIAL (Specify)	C. NAME OF CEMETERY OF CR	Johns Hopking EMATORY 24D.	LOCATION CCITY	BANG-Md, or county) (Stote)
254	DATE REC'D BY HEALTH PEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	DR, 2 - 1	ADDRESS

25C. FUNERAL DIRECTO

OF

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shows: (1)

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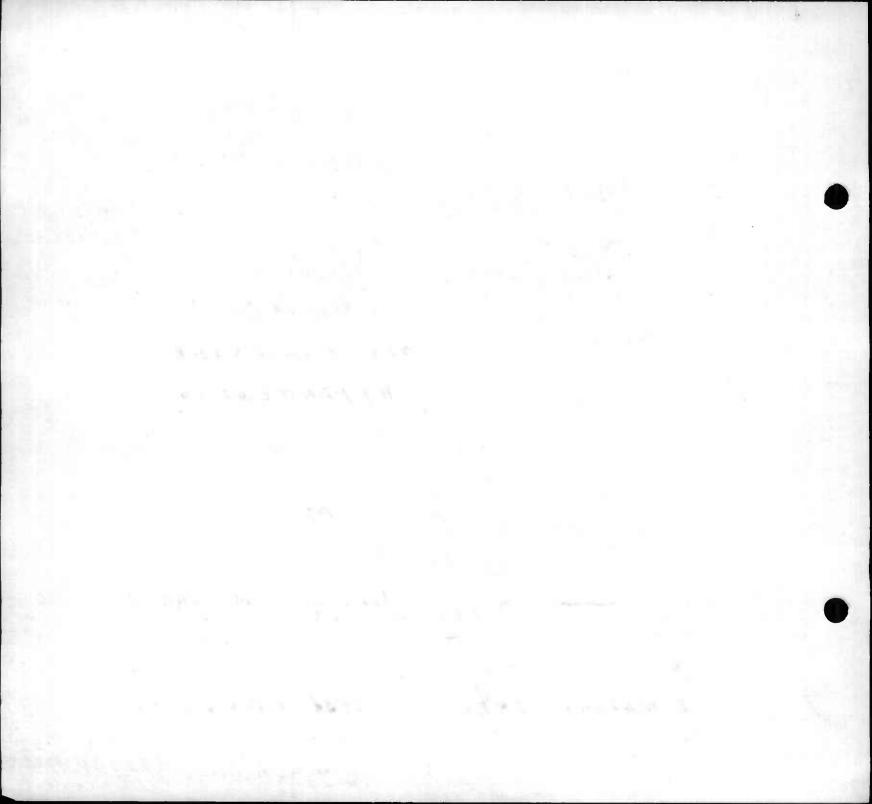
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ond hour ond from the couses stoted obove. (1) (We) (did not) view the body ofter death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. M.D. Med. Stoff Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type WILSL 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) unun 25A. DATE REC'D BY HEALTH DEPT. 25C. PUNERAL DIRECTOR



shows: (1) Arwas D.O.A. eceased the body

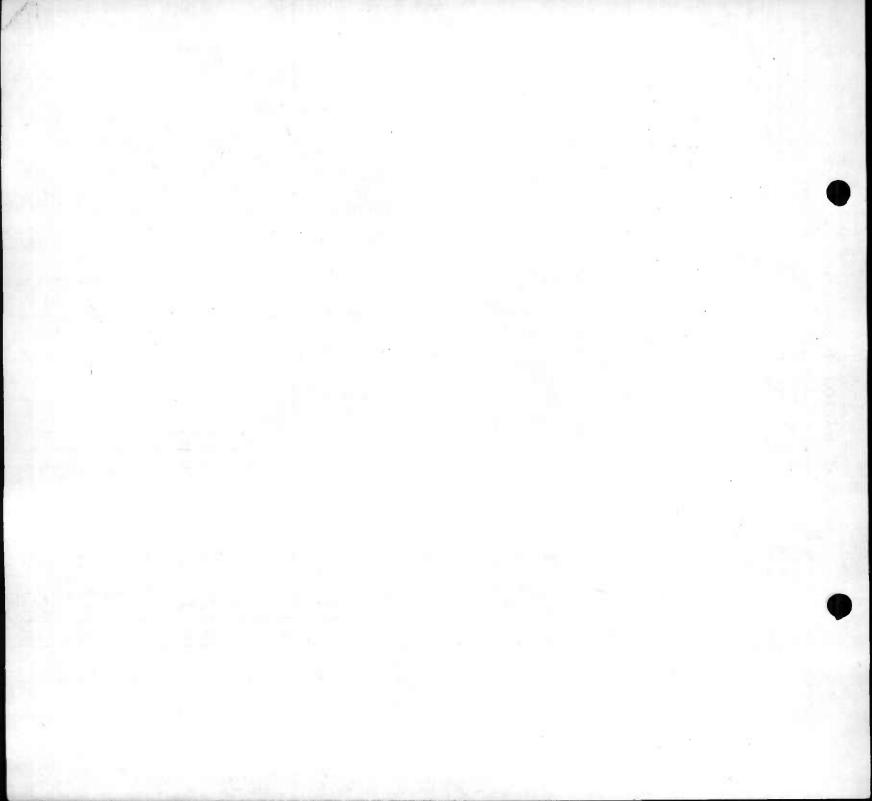
BALTIMORE CITY HEALTH DEPARTMENT 66 00772 3:00 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY (If outside city limits, write RURAL and give township) 21216 If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. ADDRESS 214-28-8413 RECORDS:BCH 4940 Eastern Avenue 21224 INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes (II in Boltimore City, give exact location) JAN 23 and that in (my) (aur) apinion death accurred on the date 4940 Eastern Avenue Baltimore, Maryland 21224 (City, town, or county) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

(Type or Print)	2. DATE AND HOUR OF DEATH
	1/21/66 7:40
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before adm. A, STATE 8. COUNTY
	.4.
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
INSTITUTION	
Lutheran Rospital	D. STREET ADDRESS (If rurol, give location)
a - allier of the billion	1734 - N. Payson St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In weers If Under 1 Yr. If Under 2
Fe Negroe Married	ify) 5/15/12 lost bightday? Months Doys Hours A
TO NOW WIND OF BUSINESS OR IND	
done during most of working life, even if retired)	WHAT COUNTRY?
	Maryland U.S.A.
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
Will Thomas	Janie
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	
Mo CAN	LUMIE DAVIS 1734 Payson St.
≈ /UX	USE OF DEATH INTERVAL BETWEE
DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH	11. 24.6
(This does not meon the made of dying, e.g., QUET	1 1 yp o g y cem, a
hearl failure, asthenia, etc. It means the disease,	Cause Unknown
injury ar camplication which caused deoth.)	Cause Unknown
ANTECEDENT CAUSES OUE TO	
DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the (C)	
UNDERLYING CONDITION lost, (C)	***************************************
l l	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	stive Heart Failure
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	stive react I andre
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	IN CENTING CAUSES OF BEATH
OR CONTRIBUTING CAUSE OF	(e.g., in or about 21C. WHERE DID (If in Baltimore City, give exact location) reet, office bldg., INJURY OCCUR?
DEATH (notify medical examiner)	3,000
0 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
	of While
Work L AI	Work
22. I certify that (1) (this hospital) attended the deceased from	Canuary 10 19 66 10 Danuary 21, 19 6
that (II (we) last saw the deceased alive an danuary	g19.66ond that in(my)((aur))opinian death occurred an th
and hour and from the causes stated above. (1) (We) (did) did	nat) view the bady after death.
23A. SIGNATURE	23 B. DATE SIGNED
Robert (, Bla. b. M.D	D. Attending Med. Stoff N 1/21/16
23C. PHYSICIAN'S	Phys. Director Phys. A
NAME (TYP)	1, 4,
robert C. Blackmon	M.D. Latheran Hospital
	or CREMATORY 24D. LOCATION (City, town, or county) (S
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
	Som PK Ashutus Mil
	1em PK. Albutus, Md. 125C. FUNERAL DIRECTOR ADDRESS
Bur 18, 1-25-66 Arbutus M	125C. FUNERAL DIRECTOR ADDRESS ADDRESS



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BALTIMORE CITY HEALTH DEPARTMENT Registered Na CERTIFICATE OF DEATH BIRTH NO. Such M.E. CASE NO. INAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 22.66 death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE Maryland FULL NAME OF (If not in hospital or institution, give sheet HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township 0 ulheran Hayn prior D. STREET ADDRESS (If rural, give location) mad 5. SEX 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys 6. RACE deceased WIDOWED, (DIVORCED) (specify) lost birthdovi 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Stole or foreign country) 12. CITIZEN OF isposition done during most of working life, even if retired) MARYIAND RetiRed 14. MOTHER'S MAIDEN NAME the 13. FATHER'S NAME O 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance CAUSE OF DEATH 10 DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH pertensión (This does not mean the mode of dying, e.g., regular heal loilure, osthenio, etc. Il meons the diseose, injury or complication which caused death.) ANTECEDENT CAUSES Gre DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the = the remains UNDERLYING CONDITION lost. MOS П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) å MEDICAL DEATH (notify medical examined etc.) obtained 21 D. TIME 9 (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While I (APPROX.) At Work Work and 22. I certify that (I) (this hospital) attended the deceased fram 19 66 pe that (1) (we) last saw the deceased alive an. and that in(my) (our) opinian death accurred an the date eath) must ond haur ond from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGN ATURE 23B. DATE SIGNED b 1.22.66 Attending Stoff X M.D. Med. 0 Phys. Director approval 23 D. ADDRESS prior

2.10

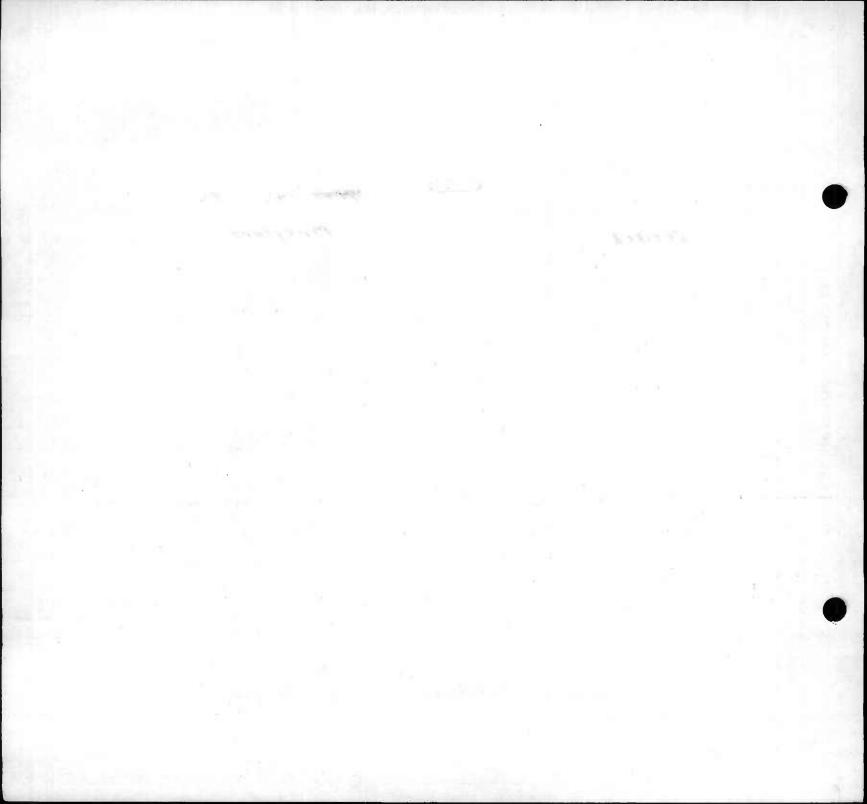
Hours

ONSET AND DEATH

WHAT COUNTRY?

If Under 24 Hrs.

24A. BURIAL CREMATION, 24B. DATE 24D, LOCATION REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. Huburn 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR



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CERTIFICATION

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21 D. TIME

(APPROX.)

23A. SIGNATURE

23C. PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

OF INJURY

physician was

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5. SEX

FULL NAME OF

INSTITUTION

Female

13. FATHER'S NAME

George

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Housewife

(4) Undetermined cause; (5) Deceased

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hospital

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death

assistant

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the chief medical examiner

medical burns:

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the body was released to the hospital by

An accident of

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BALTIMORE	CITY	HEALTH	DEPARTMEN
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CERTIFICATE OF DEA

4. USUAL RESIDEN

C. CITY OR TOWN

D. STREET ADDRESS

8. DATE OF BIRTH

14. MOTHER'S MAIL

17. INFORMANT

CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or obout 21C. WHER home, form, foctory, street, office bldg., INJURY OC

Not While

Attending

23D. ADDRESS

Phys.

M.D.

At Work

Mrs. Frank

20 A. AUTOPSY? (Y

Med.

Director

Sept.

TH DEPARTMENT	
OF DEATH Registered No.	0.1775
2. DATE AND HOUR OF DEATH	
January 20, 1966	900 A M
January 20, 1966 UAL RESIDENCE (Where deceased lived. If inst ATE B. COUNTY	itution: residence before odmission
Maryland	5-0 1
TY OR TOWN (If outside city limits, write RU	IRAL and give township)
Baltimore	
REET ADDRESS (If rurol, give location)	
1335 West 42nd Street	21211
E OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
t. 22, 1879 86 (THPLACE (Stote or foreign country)	12 CITIZEN OF
	12. CITIZEN OF WHAT COUNTRY?
Virginia	
OTHER'S MAIDEN NAME	
Nannie Burke	
ORMANT	ADDRESS
. Frank Stuiber same a	ddress as above
тн	INTERVAL BETWEEN ONSET AND DEATH
. 0	0
dialongastron	Asumediate
distrifaction	1044
myse and what	
	0
A. AUTOPSY? (Yes or No) 208. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
out 21C. WHERE DID (If in Boltimore (City, give exoct locotion)
g., INJURY OCCUR?	
21F. HOW DID INJURY OCCUR?	
0	0
January 19 6 + 10	Arecay 20 19 66
19 60 and that in (my) (our) apini	on death accurred an the date
e bady after death.	

BIRTH NO. M.E. CASE NO.

oddress or location)

1335 West 42nd Street

Baltimore, Maryland

White

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DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not meon the mode of dying, e.g., hearl failure, asthenia, etc. Il means the disease,

DISEASES OR CONDITIONS, if ony, giving

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

(Month) (Doy) (Year)

that (1) (we) last saw the deceased alive an

to the obove cause (A) stoling the

injury ar complication which coused death,) ANTECEDENT CAUSES

UNDERLYING CONDITION last,

19A. DATE OF OPERATION

DISEASE OR CONDITION CAUSING IT.

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

DEATH (notify medical examiner

None

15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give wor or dates of service)

6. RACE

done during most of working life, even if retired)

I, NAME OF DECEASED (Type or Print) Florence Easton 3. PLACE OF DEATH IN BALTIMORE, MARYLAND

(If not in hospital or institution, give street

21211

WIDQWED, DIVORCED (specify)

16. SOCIAL SECURITY NO.

None

7. MARRIED, NEVER MARRIED

Widowed

10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stot

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY

198. CONDITION FOR WHICH OPERATION

etc.

While At

Work

and haur and from the causes stated above. (1) (***) (did) (didates) view the bady after

21 E. INJURY OCCURRED

(Hour)

WAS PERFORMED

22. I certify that (1) (this haspitely attended the deceased from

24D, LOCATION

Stoff

Phys.

(City, town, or county)

23 B. DATE SIGNED

Lorraine Park Cemetery

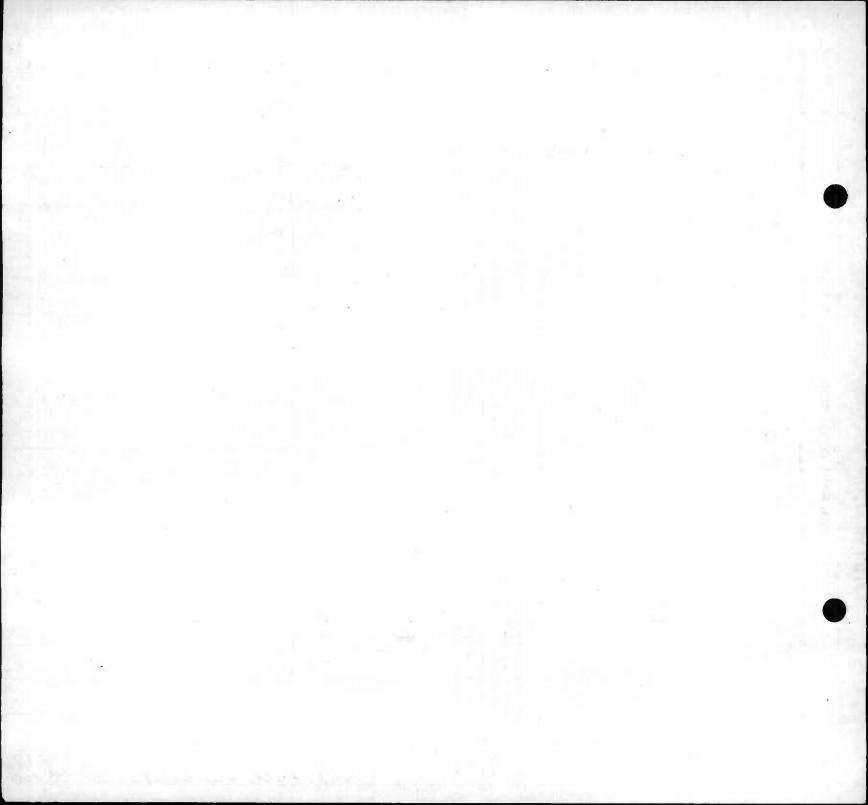
M.D.

Woodlawn, Maryland

258 NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

25C. FUNERAL DIRECTOR



(4) Undetermined cause; (5) Deceased occurred in regular deceased disposition is death MOS the assistant if IMPORTANT 0 death kind; or final attendance fracture of any pronounced or his Also, examiner regular FUNERAL DIRECTOR: examiner. Who ල Ξ physician the chief medical any nature; (2) Body burns; Mas medical No physician (except where the 8 to the hospital by 9 approved pup : death) shows: (1) An accident of hospital must be was released 0 0 eceased prior certificate

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VS 150-REV, 1/1/65

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				BALTIMORE CITY	HEALTH DEPARTMENT	
	H NO.	66 00	76	CERTIFICA	TE OF DEATH Registered No.	40776
	CASE NO.				* * * * * * * * * * * * * * * * * * * *	
	AME OF DECE	DOROT	HYD.	MULLIN	2. DATE AND HOUR OF DEATH	661 6 50 PM
3. PI	LACE OF DEA	ATH IN BALTIMORE, MAR	TLAND		A. USUAL RESIDENCE (Where deceosed lived, If instit	
Н	FULL NAME OF HOSPITAL OR NSTITUTION	OF (If not in hospital or address or location)	r institution, grv	re street	MARYLAND Baltimo	RAL ond give township)
7	1	The Childre			D. STREET ADDRESS (If rurol, give location)	lle 53 70
1		3825 Greens	spring A	ve. 21211	1204 TUGWELL DRIVE	21228
5. SE	EX	6. RACE	WIDOWED,	DIVORCED (specify) XX Widowed	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		UPATION (Give kind of work 1 working life, even if retired)	IOB, KIND OF F	SUSINESS OR INDUSTRY	7	12. CITIZEN OF WHAT COUNTRY?
	House		-		Maryland - (Baltimope	USA
13. F	FATHERS NAM	yours Le	inge J.	Collison	14. MOTHER'S MAIDEN NAME DO THOUSE Trances	Jones
15. V (Yes,	Vos Deceosed	Ever in U. S. Armed Force	es? / of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	No				Dr. Richard C. Lang 6904 Pe	
	18. / DISTAGE	SE OR CONDITION DIRE	P.C.T. V	CAUSE OF		ONSET AND DEATH
		LEADING TO DEATH	CILI	(A) METE	ISTATIC BREAST CARCINOMA	6 YRS,
	heart failure,	not mean the made at a asthenia, etc. It means t application which caused a	the disease,	DUE TO	Treff with \$ -d at \$ -y = 75 cm - Breat of majorates - 45 cm - 5 cm - 12 cm - 4 cm - 5 cm - 15	
	,	ANTECEDENT CAUSES		(B)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	rise la lhe	OR CONDITIONS, if a e above cause (A) G CONDITION last.		(C)		
CATION	TO THE DE	IFICANT CONDITIONS CO EATH BUT NOT RELAT CONDITION CAUSING IT.	TED TO THE		120 A ALEXANDER (V M. V. 20 P. L. V V	

18. DISEASE OR CONDITION DIR embalmed LEADING TO DEATH (This does not mean the made of hearl failure, asthenia, etc. It means injury or complication which caused ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if of rise to the above cause (A) UNDERLYING CONDITION last. before the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION AUTOPSY? (Yes or 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 0 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF AL DEATH (notify medical examiner MEDI obtained 21 D. TIME (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceased from 60 and that in(my) (our) opinion death occurred on the date pe that (I) (we) lost sow the deceased alive on and hour ond from the couses stoted above. (1) (We) (did) (did not) view the body after death. must 23A. SION AT URE 23 B. DATE ŞIGNED Attending Phys. M.D. Med. 10-cl Phy s. approval Director 23C. PHYSICIAN'S 23D. ADDRESS M.D. JANDERSON SREENSP 24A. BURIAL CREMATION, DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION REMOVAL (Specify) written 1/24/66 Woodlawn Cemeter Balto. Burial Woodlawn, Co. ADDRESS

25C. FUNERAL DIRECTOR

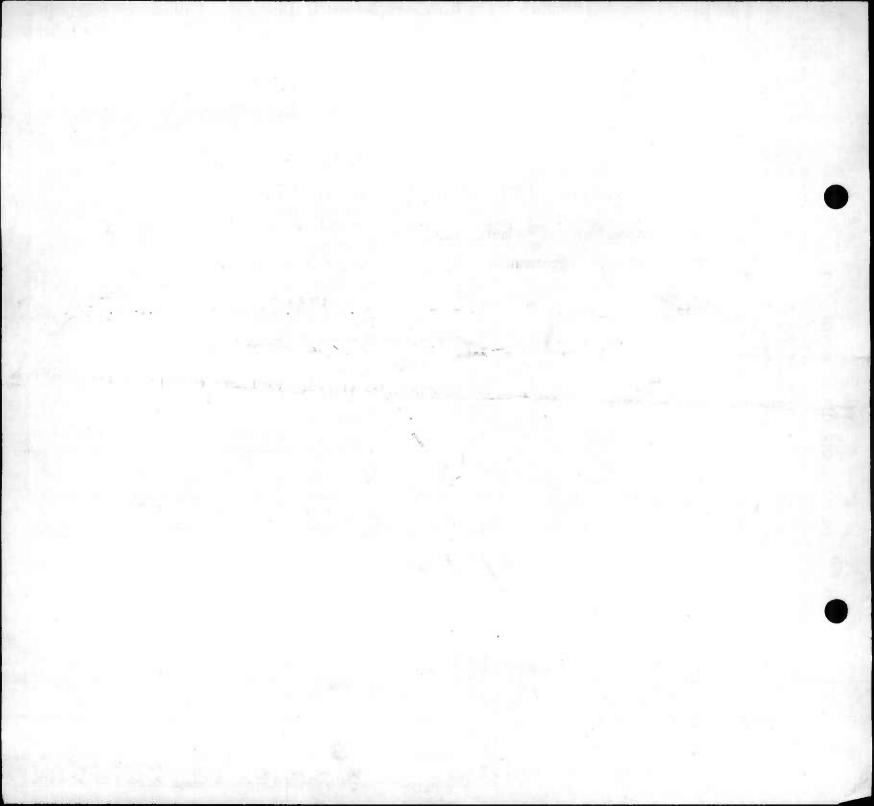
258. NAME OF REGISTRAR



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made. Also, if the direct or contributing cause of death This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CIT	Y HEALTH DEPARTMENT
M.E. CASE NO.	ATE OF DEATH Registered No.
T. NAME OF DECEASED BY DECEASED BY BY J. Bresnam	2. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
Maryland	D. STREET ADDRESS (If rurol, give location)
General Hospital	4425 Frederich Ave
S. SEX 6. RACE Caucarian 7. MARRIED, NEVER MARRIED WIDOWED, DIMORCED (specify) Widowed	B. DATE OF BIRTH 4 19 95 9. AGE (In years lost birthdoy) 9. AGE (In years Months Doys Hours Min.
done dutyp most of working life, even if refired	MaryLand WHAT COUNTRY?
Timothy Bresnan	Catherine Flannigan
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no prunknown) of yes, give wor or doles of service) SECURITY NO.	17. INFORMANT 8905 Carlisle Ave
Yes . World War I 213-28-1802	Mr. John D. Bresnan Balto: Md. 36
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO)	eriosaleratic Cardiovascular Years
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	te Myocardial Inforction fours
ANTECEDENT CAUSES (B) Heu	to Whocsages I'm exclipe home.
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the (C)UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While At Not Whi	
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on 1 22	19 66 to 12 19 66,
ond hour and from the couses stated above. (1) (We) (did) (did not)	view the body ofter deoth.
V /	tending Med. Stoff Phys. 23B. DATE SIGNED
23G. PHYSICIAN'S NAME (Type)	Mary Land General Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CI	
Burial 1/25/1966 New Cathedral (
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. TUNERAL DIRECTOR Dula Manual Academics ADDRESS 17
VS 150-REV. 1/1/65	wing we are more a. wes.



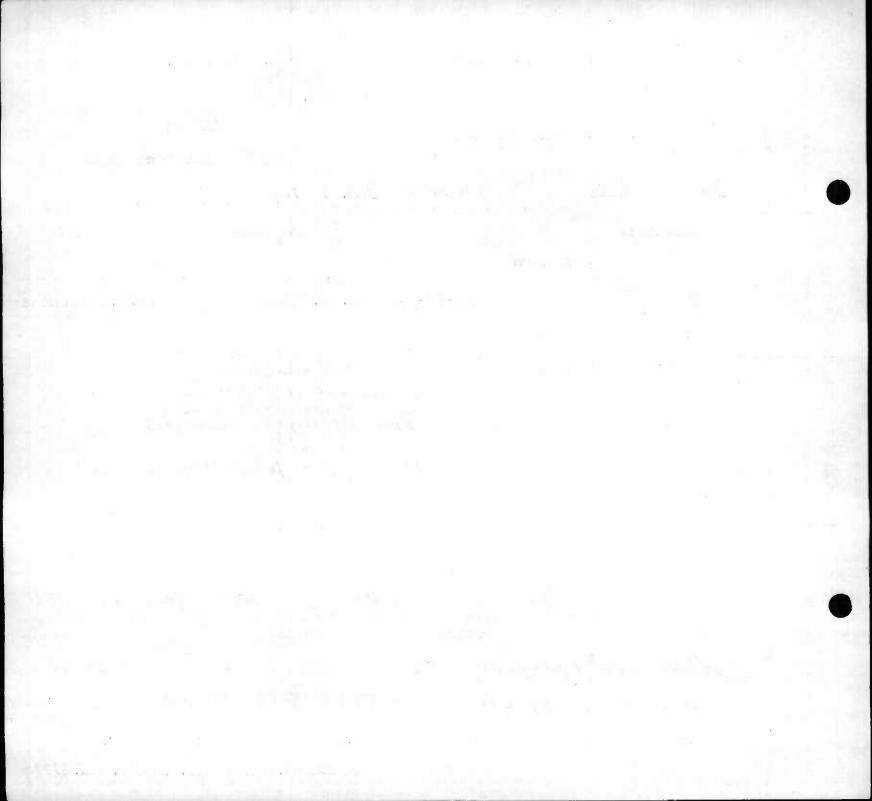
	CASE NO. AME OF DECEASED e or Print)	Helen	3.	Shapiro	Jan.	1966.	1 0 1
n:	ULL NAME OF OSPITAL OR NSTITUTION Mt.	(If not in hospital a oddress or location Sinai No.	or institution,		A. STATE Md. B. COUNT C. CITY OR TOWN (If outsi		
	emale W	hite	WIDOWE	, NEVER MARRIED D, DINORCED (specify)	3. DATE OF BIRTH 9.	AGE (In years st birthdoy) 72	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	Seamtres	g life, even if retired)	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign Maryla	nd	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	Unki	rown		14. MOTHERS MAIDEN NAM	Unknow	wn
15. Yes	Vos Deceased Ever , np for unknown) (If ye	in U. S. Armed Fore es, give wor or dote	es? s of service)	219-12-548	9 Mr. W. Georg	e Sanford	3121W.Belvedere
ATION	heort foilure, osthe injury or complicate ANTE DISEASES OR C rise to the ob- UNDERLYING CO OTHER SIGNIFICANTO THE DEATH	II NT CONDITIONS C I BUT NOT RELA	the disease death.) ony, giving stating the	(B) April DUE 18 6 (C) Eth	sestive Heart einskutic arterior n. Hypetrophic aphine Al	Britary &	7,5
AL CERTIFIC	DISEASE OR CONTINUE OF OPER OR CONTRIBUTING DEATH (notify media	AS UNDERLYING CAUSE OF	ORMED 211	WHICH OPERATION B. PLACE OF INJURY (e.g., in the form, foctory, street, o	20A. AUTOPSY? (Yes or No) n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	20B. IF YES, WERE FI	NDINGS CONSIDERED
MEDIC	21D. TIME (Mot OF INJURY (APPROX.)	nth) (Doy) (Yeor)	w	E. INJURY OCCURRED hile At		RY OCCUR?	
2	22. I certify that that (!) (we) lost			the deceosed from I	1-1	in(my) (our) opin	ian death occurred an the dote

1/25/66 Cedar Hill Cemetery Ballinger,

25B. NAME OF REGISTRAR

25C. FÜNERAL DIRECTOR

Lepnard J. Ruck Inc. Balto. Md. 21214 V\$ 150-REV. 1/1/65



ng cause of death cause; (5) Deceased hospital death. ance attend 0 contributing prior occurred etermined made. regular deceased disposition is = (4) Und Was the IMPORTANT death E O or final attendance any pronounced baimed FUNERAL DIRECTOR: regular em e Who are 4 3 = physician the remains chief medical Was physician (2) Body the 8 (except where to the hospital ° any nature; obtained 9 and

accident of hospital death)

must

approval

0

prior at

deceased

8

D.O.A.

Was

the body was released shows: (1) An accident

death

Such

u_o

Registered No.6 UN779 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 23, Jan. Tucker 1966 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissio 3. PLACE OF DEATH IN BALTIMORE MARYLAND A. STATE Md. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR C. CITY OR TOWN (If outside city limits, write RURAL and give township) Ardleigh Nursing Home D. STREET ADDRESS (If rural, give location) hinguapin Parkway 9. AGE (In years 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH ff Under 1 Yr. Months: Doys If Under 24 Hrs. 5. SEX Hours WIDQWED, DIVORCED (specify) lost birthdoy Feb. 18, 1888 male wi.dowed IOA USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Maryland lectrical ontractor 14. MOTHERS MAIDEN NAME 13. FATHER'S NAME Margaret Benjamin 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL SECURITY NO. Tucker 7904 Oakdale Francis INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Ū 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR?

MEDI OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an. and that in (my) (our)-apinian death accurred an the date and have and from the causes stated above. (1) (We) (dld) (did not) view the bady after death. 23A. SIGNATURE 288 DATE SIGNED M.D. Attending Phys. Med. Stoff Director Phy s. 23C. PHYSICIAN'S NAME (Type)

56 Dulaney Valley 1-26-66 em. Baltimore,

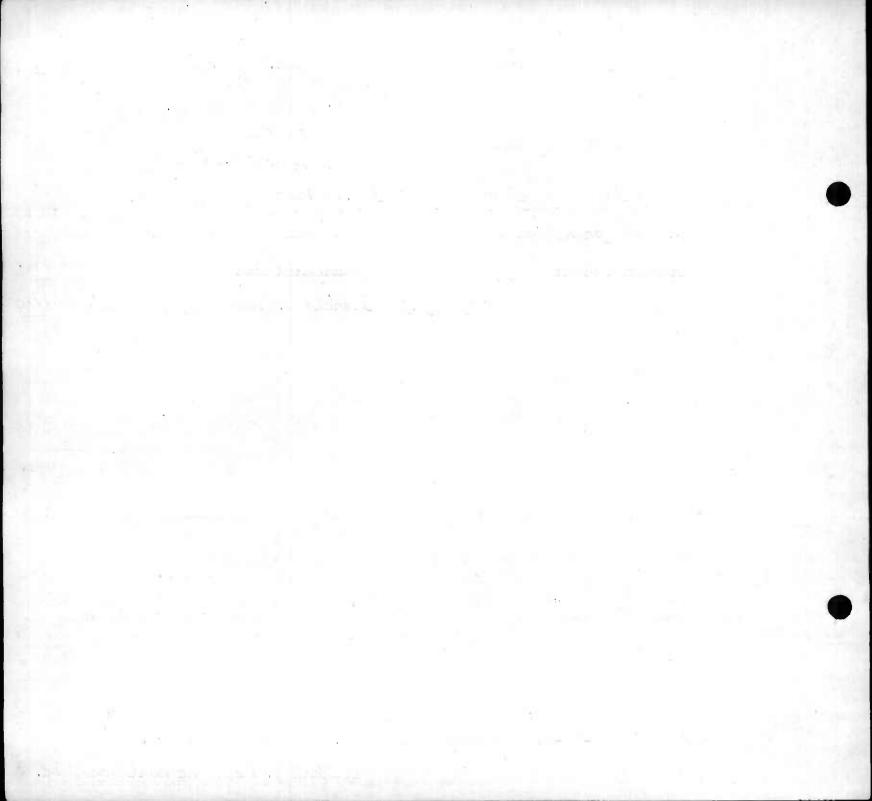
25C. FUNERAL DIRECTOR Ruck Inc Baltimore, Md.

ADDRESS

VS 150-REV. 1/1/65

24A. BURIAL CREMATION, 24B. DATE

REMOVAL (Specify)



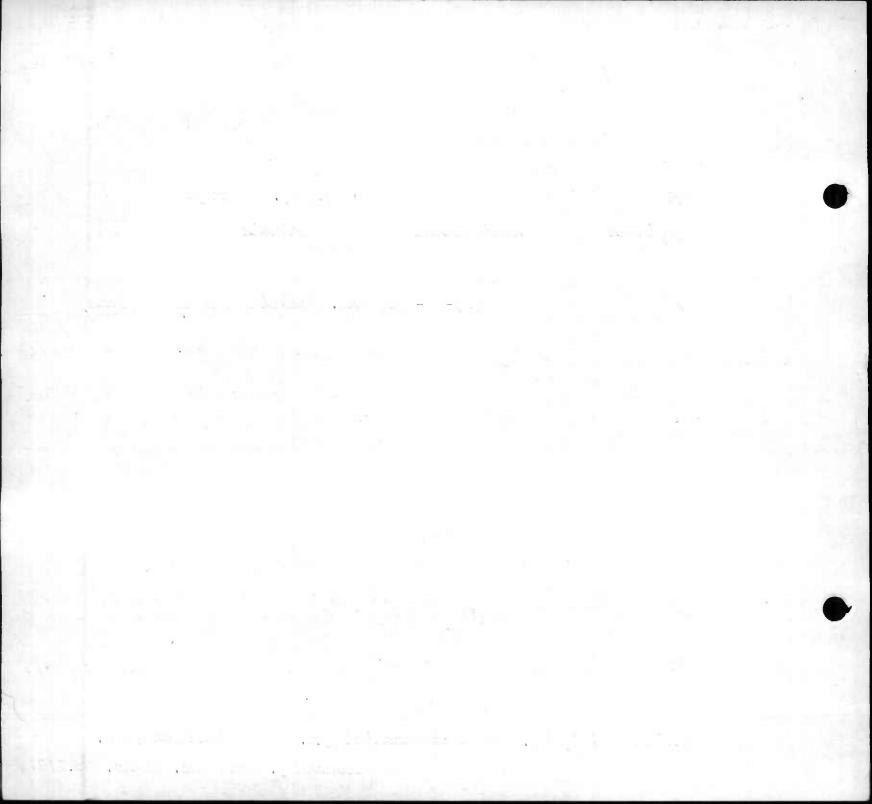
BIRTH N

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

BIRTH NO. MEDICAL EXAMINER 3 C	EKTIFICATE OF DEATH REGISTERED NO.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) Leonard Leo Endrusick	2. DATE AND HOUR PRONOUNCED DEAD 1/22/66 14:50 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE Maryland B. COUNTY Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give lownship) Baltimore - rural
0	D. STREET ADDRESS (If rurol, give locotion)
St. Agnes Hospital	Rte. 218 Jessup, Md.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) Male White Single	June 18, 1927 9. AGE (In years lost birthdoy) Months, Doys, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRE done during most of working life, even if retired) : ilroad (o.	WHAT COUNTRY?
IS, FATHER NAME	Penna. USA
John Endrusick	Agnes Sieczkowski
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no orunknown) (If yes, give wor or dotes of service) 4. SECURITY NO.	George Endrusick Wyoming, Penna.
	E OF DEATH INTERVAL BETWEEN
LEADING TO DEATH (A)	raniocerebral injury
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) Street 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	office bldg., INJURY OCCUR? U.S. Rte.1 near Rte. 477
OF INJURY	work driver in auto-auto collision
22,	utopsy 🕱 ond that on this bosis, death in my opinion
resulted from: Notural couses Accident X Suici	
ACTUAL SIGNATURE Wanh N - Sac M.E	CHIEF MEDICAL EXAMINER DATE SIGNED D. ASSISTANT MEDICAL EXAMINER D. (20)
EXAMINER'S NAME (Type) Werner H. Spitz. M.D.	ASSOCIATE MEDICAL EXAMINER 1/23/66
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify)	, ,
burial 1-27-66 St. Joseph	s Cemetery West Wyoming, Luzerne Penna
JAN 2 4 1966 O C Sales MAN CONTROL OF REGISTRAR	Leonard J. Ruck Inc Baltimore, Md.
VS 151-REV. 1/1/65 A /	

Course Statement Comments of the

	BALTIMORE CITY	HEALTH DEPARTMENT	66 00784
BIRTH NO. 66 10781	CERTIFICA	TE OF DEATH Registered Na.	o dardt
M.E. CASE NO.	CERTIFIE		
1. NAME OF DECEASED (Type or Print) ANDREW 5.	Thomas	2. DATE AND HOUR OF DEATH	1 . 9
3. PLACE OF DEATH IN BALTIMORE, MARYLANI	1 10 - 1-1 / 1-2	JAN, 21, 196	6 0 113 P.M
3. FLACE OF DEATH IN BALTIMORE MARILANI	,	A. STATE B. COUNTY	notion, residence before damission
FULL NAME OF (If not in hospital or instit	tution, give street	MARYLAND TALBOTT	
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outside city limits, write RU ROUTE 2 BOX 27A EAST	RAL ond give township)
	11	ROUTE 2 BOX 27A LAST	ON /0-00
JOHNS HOPKINS	HO SPITAL	D. STREET ADDRESS (If ruiol, give location)	
5. SEX 6. RACE 7. MA	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours: Min.
MAIR Whith	MARRIED (specify)	2-3-84 09. lost birthdoy) 56	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT, COUNTRY?
done during-most of working lite, even if retired) Noneer A	rchtectural	Illinoin	715A
13. FATHER'S NAME	terotectarture	14. MOTHER'S MAIDEN NAME	0.57
PHILIP THOM	IAS .	DELLA HAISLIP	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	489-03-9381	Mrs. Isabella Thomas	(Same)
18. 44. 4 2 V s	CAUSE O	*	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
LEADING TO DEATH	A	SPIRATION PNEUMONI	4 2 DAYS
(This does not mean the mode of dying,	,		
heart foilure, asthenio, etc. It means the di	seose,		
ANTECEDENT CAUSES	(B) HYPE	RTEWSIVE ENCEPHALOPATH)	2 WEEKS
	DUE TO		
DISEASES OR CONDITIONS, if any, use to the above cause (A) stating	giving a the (C)	HCVD	? YEARS
UNDERLYING CONDITION last.	, , , , , , , , , , , , , , , , , , , ,		
II II			
O OTHER SIGNIFICANT CONDITIONS CONTRI			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TO THE		
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FII	NDINGS CONSIDERED
19A DATE OF OPERATION 19B CONDITION WAS PERFORME		XES	or brain.
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	in or obout 2/ C. WHERE DID (If in Boltimore	City, give exact location)
Z DEATH (notify medical examines)	etc.)	nice sign into ki o cook.	
21D. TIME (Month) (Doy) (Year) (Hou	1) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	White At Not Whil	le 🦳	
	Work At Work		
22. I certify that (I) (this haspital) atter			
that(1)(we) last saw the deceased aliv	e on EAN = 2/	19 66 and that in (my) (aur) opini	on death accurred an the dat
and haur and fram the causes stated ab	ave. (I (We) (did) (dld nat) .	view the bady after death.	
23A. SIGNATURE	1 2		23B. DATE SIGNED
Barry Wanne	Mes M.D. Att	ending Med. Stoff Phys. Phys.	Da >1 1961
23 C. PHYSICIAN'S	Phy	23D. ADDRESS	Jan -11/00
NAME (Type)	4.CD HUD		
DARRI WATNE G	HELH UHK M.D.	JOHNS HOPKINS HOSPITA	
REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	10 01.	, town, or county) (State)
Burial 1/25/66.	Moreland Memo.	rial (em. Baltimo	re, Illd.
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME ON REGISTION	25C. FUNERAL DIRECTOR	ADDRESS
JAK 24 1900 CALA	66000	Leonard J. Ruck Inc.	Salto. 111d. 27274
VS 150-REV. 1/1/65	- 47 43	U / U 0	



chief medical examiner

approved

VS 150-REV. 1/1/65

and

hospital

occurred

ŏ

Registered No. BIRTH NO. CERTIFICATE OF DEATH irect or contributing cause of death (4) Undetermined cause; (5) Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) William F. Wetters Jan. 22, 1966. u o 4. USUAL RESIDENCE (Where deceased lived, If institution: gesidence before admission 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance Md. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) attend 0 Baltimore 3911 Woodlea Avenue prior D. STREET ADDRESS (If rural, give location) 3911 Woodlea Avenue or final disposition is made. regular 5. SEX 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9, AGE (In years If Under 1 Yr. If Und Months: Days Hours 6. RACE deceased WIDOWED, DIVORCED (specify) last birthday) Male White Dec. 24, 1900 Married 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even it retired) Maryland Compositer Sunpapers WOS the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME George Wetters Margaret Crammer LO 17, INFORMANT 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL attendance No Mrs. Hilda Wetters fracture of any pronounced DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made al dying, e.g., heart lailure, osthenia, efc. It means the disease, regular injury or complication which caused deoth,) who ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last. the remains MOS (2) Body burns; OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, foctory, street, office bfdg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (It in Baftimore City, give exact location) (except where to the hospital DEATH (notify medical examined any nature; MEDIC. obtained (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 While At Not Whife (APPROX.) At Work Work death); and 22. I certify that (1) (this haspital) attended the deceased from and that in (my) (aux) apinion death occurred on the date that (I) (we) last sow the deceased alive on. hospital accident of the body was released shows: (1) An accident and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE Attending Phys. deceased prior to written approval 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS to 4900 Belair Road was D.O.A. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) Parkwood Cemetery Baltimore, Md. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A, DATE REC'D BY HEALTH DEPT. Leonard J. Ruck Inc. Balto. Md. 21214

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs. Hours Min.

12. CITIZEN OF WHAT COUNTRY?

USA

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

ADDRESS

(Same)

Commencation Theo. Bendager Com It 3. Myris Speter 17 Ed _ 25 22/21/1 Aller B Bridge

D.O.A. eceased

shows: Was BIRTH NO.

M.E. CASE NO. (Type or Print)

FULL NAME OF

HOSPITAL OR

INSTITUTION

Female

Housewife

23 CHYSICIAM'S

VS 150-REV. 1/1/65

REMOVAL (Specify)

Such

death.

10

prior

mad

5. SEX

5

attendance

hospital

CC	00783	BALTI
UU	DITTOO	CED

(If not in hospital or institution, give street

7. MARRIED, NEVER A

Harford Gardens Nursing H

oddress or location)

10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS

6. RACE

White

BALTIMORE CIT	HEALTH DEPARTMENT	732 710200
	TE OF DEATH Registered No.	66 00783
1	2. DATE AND HOUR OF DEATH	
A. Metz	Jan. 21, 1966.	6:20 P. M. M.
AND	4. USUAL RESIDENCE (Where deceosed lived. If i	nstitution: residence before odmission)
nstitution, give street	C. CITY OR TOWN (Il outside city limits, write	
s Nursing Home	D. STREET ADDRESS (If jurol, give location) 648 (. 27th.	
MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	May 20, 1885.	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
, KIND OF BUSINESS OR INDUSTRY	11. SERTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Own Home	West Virginia	USA
iggins	14. MOTHER'S MAIDEN NAME Rachel 3	Teathers
service) 16. SOCIAL	17. INFORMANT	ADDRESS
service) SECURITY NO.	Mrs. James DePuey2301	Pentland Dr. #34
CAUSE C	DE DEATH	INTERVAL BETWEEN

15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give war or dates of service) ONSET AND DEATH Cerebral Vascolor Accident

Gononalized Artenionalenesis DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, to the above cause (A) stoting the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner (Month) (Doyl (Year) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) Work At Work 22. I certify that (1) (this hespital) ottended the deceased from that (1) (we) lost sow the deceased alive on and that in (my) (out) opinion death occurred an the date ond haur and from the causes stated obave. (1) (We) (did) (atd not) view the bady after death. 23A. SIGN AT URE 23B. DATE SIGNED Attending Phys.

M.D.

Med.

25C. FUNERAL DIRECTOR

23D. ADDRESS

Stoff

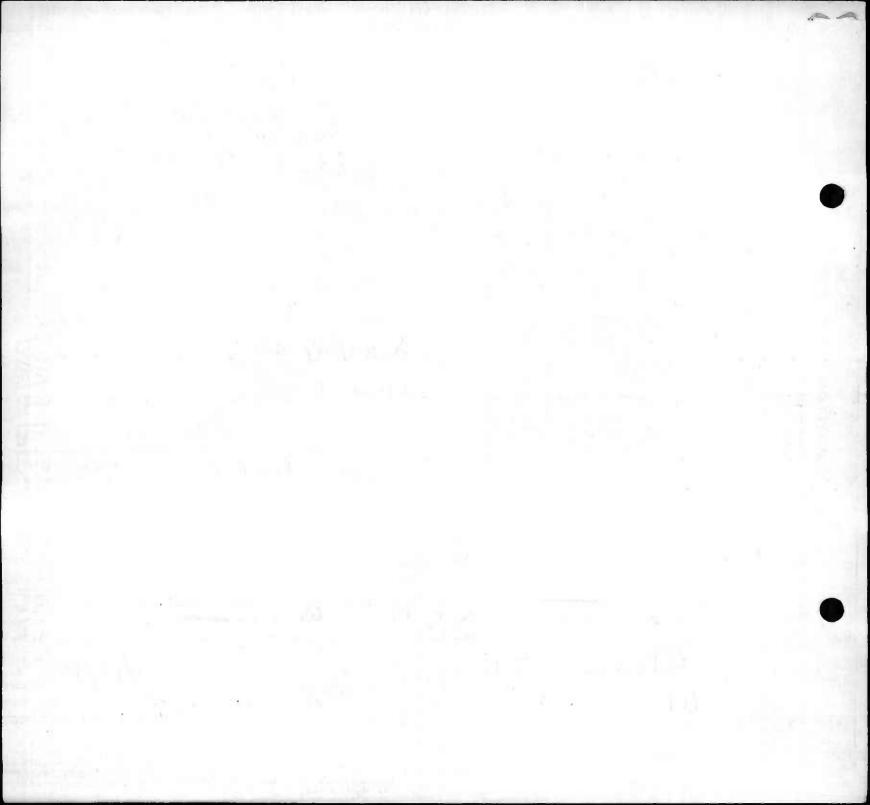
Leonard J. Ruck Inc. Balto. Md. 21214

ADDRESS

and the second. a to the contract of

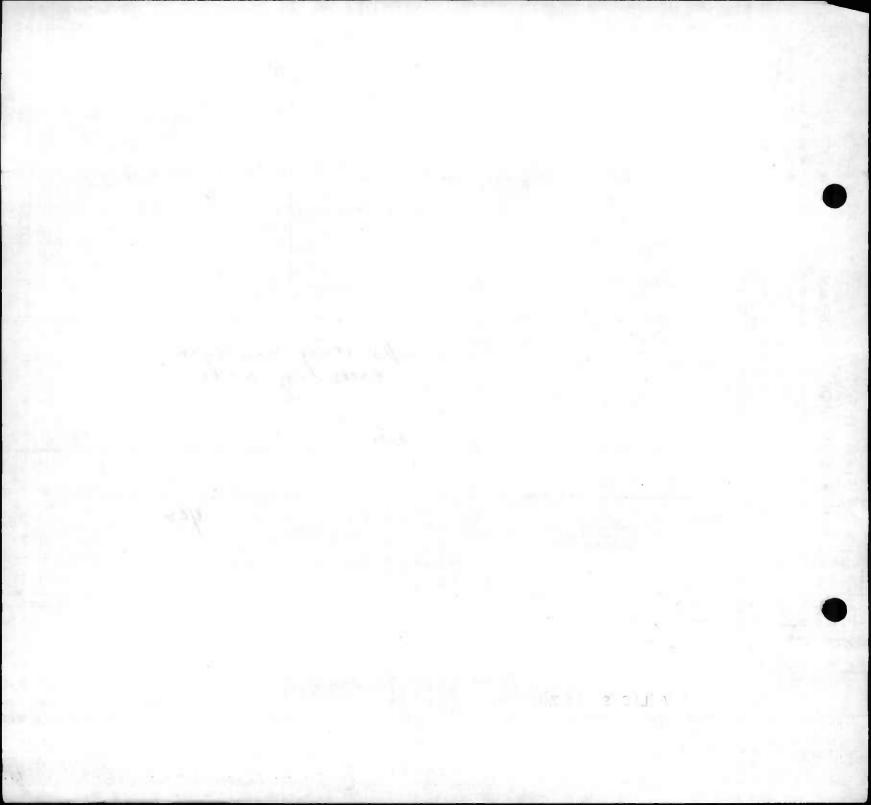
BALTIMORE CITY HEALTH DEPARTMENT

hedra	BIRTH NO. M.E. CASE NO. GG 00784 CERTIFICA	ATE OF DEATH Registered No.	5 00784
death death ceased on the	I, NAME OF DECEASED (Type or Print) ANNA P. WAJJELL	2. DATE AND HOUR OF DEATH	1 10 A m.
ospite e of 5) De nce nce	FULL NAME OF (If not in hospital ar institution, give street	4. USUAL RESIDENCE (Where deceosed lived, If institu	utian: residence before odmissian)
caus caus use; (enda to c	HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RUR	AL and give township)
uting ed cau ar atte prior de.	633. E. 33,455	D. STREET ADDRESS (If rurol, give location) 6 3 3 £ 33 21 57	
tribu mine gula sed mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDGWED, DIVORCED (specify)	B. DATE OF BIRTH JULI 22 1890 9. AGE (In yeors lost birthdoy) M	f Under 1 Yr. If Under 24 Hrs. Norths Doys Hours Min.
r con deter in re decea	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR dang during most of working life, even if retired)	Y 11. BIRTYPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
disposition	13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
2020	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	RACHEL HAMS	ADDRESS
Ssissis the three days	18. 4 1 X X CAUSE	LOMA WADDELL	INTERVAL BETWEEN ONSET AND DEATH
Also, if e of any nounced attenda	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO	sectues anelerson	1 menute
er. ctur pror	heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	teuer cleunis	6 Ears
xami kami A fr who reg	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise In the above cause (A) stating the (C)		
ical e 15; (3 cian as in	UNDERLYING CONDITION last.	1/ 0.0	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	beter Melleling	48ay
by a metal by a metal 2) Body by e the phy physician ore the re	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINI IN CERTIFYING CAUSE in or obout 21C. WHERE DID (If in Boltimore Ci	DINGS CONSIDERED S OF DEATH?
+= 000	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	ny, give exoci locononi
hos nature ept d (6)	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While At Not Work At Work		
ppro any (exc ; an	22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last sow the deceased alive an	March 1961 to Dec.	14 1965, in death accurred on the date
be ed not o bita pita	and hour and from the causes stated above. (1) (We) (did) (did nat)		B. DATE SIGNED
2 0 0 5 -	23C, PHYSICIAN'S	ttending Med. Stoff Phys. 23D. ADDRESS	1/19/66
This certificate m the body was relishows: (1) An acci was D.O.A. at a f deceased prior to	MARE William F. Fritz 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of C	2 West University Baltimore 21218,	
This certif the body shows: (1) was D.O./ deceased written a	BURIAL 1-21-60 MT- ZION	Church BeLAIR-HAI	town, or county) (Stote) a Ford Co. Md
This certhe bocs shows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Chas. F. EVANS + SON &	8802 HAR FOILD Rd
	VS 150-REV. 1/1/65	0 / 0 0	

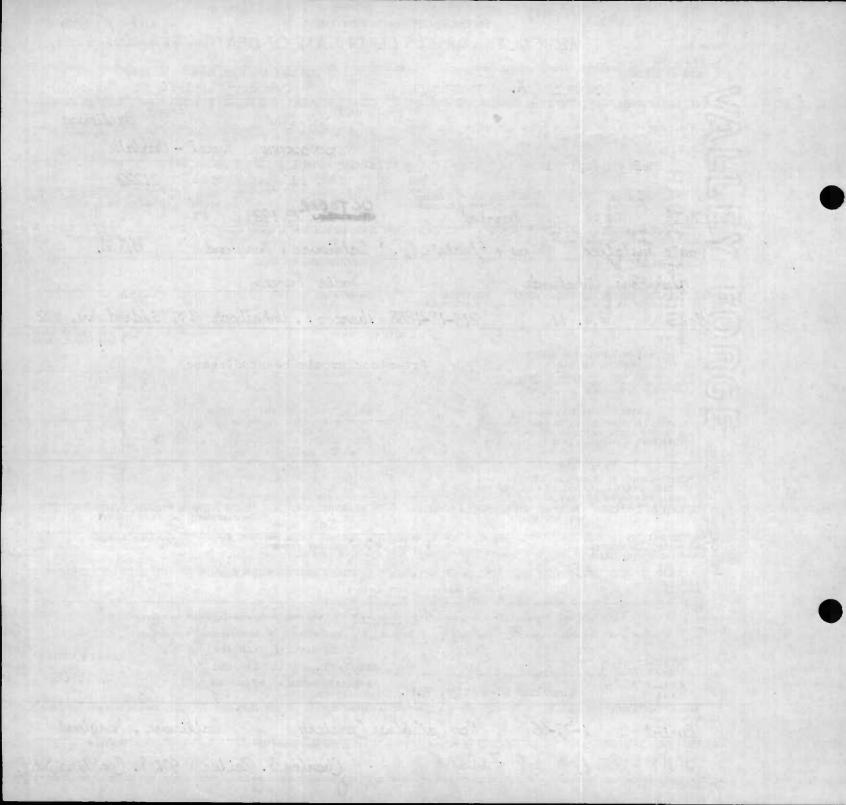


BALTIMORE CITY HEALTH DEPARTMEN

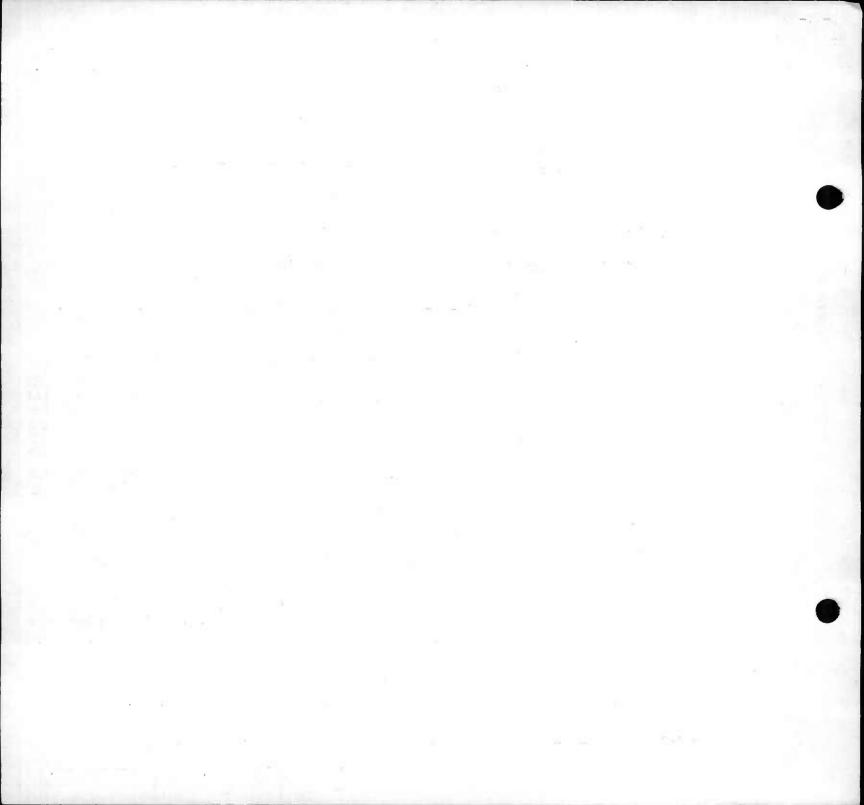
1, NAME OF DE	CEACED		CERTIFICA	1	In 110110 00 00	
Type of Time		MAR	ION F.		D HOUR OF DEAT	1045
	EATH IN BALTIMORE, MA		1-1			institution: residence before admission
				A. STATE B. COUN	ITY	2-13
FULL NAME HOSPITAL OF			give street	C. CITY OR TOWN (If ou	taida aitu limitait	a BURAL and sive towards
INSTITUTION						e KOKAL ond give township)
UNION	MEMORIA	1405	PITAL	D. STREET ADDRESS (IF	rurol, give location)	
				3305 GU	LIFORD	AVE
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In veots	If Under 1 Yr. If Under 24 H Months; Doys Hours Min.
2	W	WIDOWE	DIVORCED (specify)	7/13/07	lost birthdoy	Months Doys Hours Min.
			F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
	ol working lile, even if retired)	LAU	,	MARYLAN	P	WHAT COUNTRY?
SEC Y	A AA F	277		14. MOTHER'S MAIDEN NA		43
HUGH	WRIGHT	WALL	.15	BERTIE	VILLI3	
es, no oi unkno	ed Ever in U. S. Armed Fo	tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT)	ADDRESS
				HUGH W. WI		SAME
18. 4	1 X I		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION D		70	' '		
(71)	LEADING TO DEATH		(A) - D1	ascending	ruerysn	1
	nal meon the made a s, aslhenia, elc. Il mean		DUE TO	ascendino	anta	
injury at co	omplication which couse	d death.)		o according		
	ANTECEDENT CAUSE	5	DUE TO	***************************************		
	OR CONDITIONS, if					
	lhe obave couse (A) NG CONDITION last.	stoling ine	(C)	g	0.7000000000000000000000000000000000000	
	- 11		- 1			
_						
O OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTIN	G			
E TO THE	NIFICANT CONDITIONS OF DEATH BUT NOT REL	ATED TO TH	G IE			
DISEASE O	DEATH BUT NOT REL R CONDITION CAUSING DF OPERATION 19B. COI	ATED TO THE	18		D) 20 B. IF YES, WER	E FINDINGS CONSIDERED
TO THE DISEASE O	DEATH BUT NOT REL R CONDITION CAUSING OF OPERATION 19B. COI WAS PEI	ATED TO THE	WHICH OPERATION	YES	IN CERTIFYING C	SAUSES OF DEATH?
TO THE DISEASE O	DEATH BUT NOT REL R CONDITION CAUSING DF OPERATION 19B. CO WAS PEI VAS UNDERLYING BUTING CAUSE OF	ATED TO THE	WHICH OPERATION 3. PLACE OF INJURY (e.g., in		IN CERTIFYING C	AUSES OF DEATH?
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TO THE DISEASE OF 19.A. ACCID OR CONTRI DEATH (not DEATH (not Not Not Not Not Not Not Not Not Not N	DEATH BUT NOT REL R CONDITION CAUSING DF OPERATION 19B. COI WAS PEI WAS UNDERLYING BUTING CAUSE OF (Month) (Doy) (Yeor) (y that (1) (this hospite a) lost sow the deceos rure REMATION, 124B. DATE	ATED TO THE IT. NOTITION FOR REFORMED 216 honer. (Hour) 216 WW. W. Of the delive on pried obove. (Brauer. WN 24C. N	WHICH OPERATION B. PLACE OF INJURY (e.g., ir nee, form, foctory, street, of a stre	yES not obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJ 17/66 19/66 and the fiew the body ofter deoth. 23D. ADDRESS WATORY 24D. L	IN CERTIFYING COURT (If in Foliam URY OCCUR? 19	PINION deoth occurred on the december of the d
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W.E. CASE NO.	CAL LA	AMIIAEK 3 CI	LKTIITCATE OF	DLATTIREGISM	3160 1103	
NAME OF DECEASED	Y	**************************************		ID HOUR PRONOUNCE		
FRANCIS		UNKELBACH		ary 21, 196	M	
. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOU	INCED DEAD .	A. STATE	deceased lived. If ins		
ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	Maryland c. CITY OR TOWN (If outside	le corporate limits, writ	te RURAL ond give township)	
NSTITUTION ADDRESS OR LOCATION			BXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Me 5 cy Hospital			D. STREET ADDRESS (If rural, give location)			
			835 Mildre	d Avenue	21222	
SEX 6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.	
Male White	Marr		MOVEMBER 22, 192	23 42		
DA. USUAL OCCUPATION (Give kind of work one during most of working life, even if refired) able Installer					12. CITIZEN OF WHAT COUNTRY?	
(able Installer	yas +	Electric (o.	Baltimore, Mo		υ, Σ, π,	
111 111	ah		Sadie Fasana			
Alphonsus Unkelba	FORCES?	16. SO CIAL	17. INFORMANT		ADDRESS	
yes W.W. //	s of service)	215-18-1888	Thomas E Ilah	Ibach 825	Mildred Ave. #22	
yes W.W. //		1	OF DEATH	wall of	INTERVAL BETWEEN	
7 0 0 0					ONSET AND DEATH	
DISEASE OR CONDITION DI		(A) Arter	iosclerotic hear	t disease		
(This does not mean the mode of heart failure, asthenia, etc. It means	the diseose,	DUE TO				
injury or complication which caused	de oth.)					
ANTECENDENT CAUSE		(B)				
DISEASES OR CONDITIONS, IF A		DUE TO				
UNDERLYING CONDITION LAST.		(C)	•••••			
<u> </u>						
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI						
DISEASE OR CONDITION CAUSING	IT.	***************************************		1000		
19A, DATE OF OPERATION 19B. CON		WHICH OPERATION	Yes or No.	IN CERTIFYING, CAU		
21A, EXTERNAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,		(If in Boltimore City, g		
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	home,	, form, foctory, street, o	ffice bldg., INJURY OCCUR?			
21D TIME (Month) (Doy) (Yeor) (Hour) 2	1E. INJURY OCCURRED	21F, HOW DID INJ	LIBY OCCUP?		
OF INJURY		WHILE AT NOT	WHILE	OKI GCCOK.		
22.		VORK L AT W	ORK L			
I certify that I held an	nquiry 🗌	Inspection Aut	opsy X and that an th	is basis, death in	my apinian	
resulted fram: Natural car	uses 🔀 A	cciden Suicid		Undetermined mann	er _	
10/			CHIEF MEDICAL E		DATE SIGNED	
SIGNATURE CO	ules 1 1	ally M.D.	ASSISTANT MEDICAL E			
EXAMINER'S Char	les S.	Petty, M.D.	ASSOCIATE MEDICAL E	XAMINER	1/21/66	
BA. BURIAL CREMATION, 23B. DATE		C. NAME of CEMETERY of	r CREMATORY 23D. 1	OCATION (City	y, town, or county) (State)	
EMOVAL (Specify)	56	New (athedro				
4A. DATE REC'D BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERAL DIRECTO	R	ADDRESS	
	F.3 A					
	4 6, 40	Moetly we	Traries 3.	Letter 40	01 S. Conkling St	
'S 151-REV. 1/1/65	1 11	1	0 0 7 13 6	1		



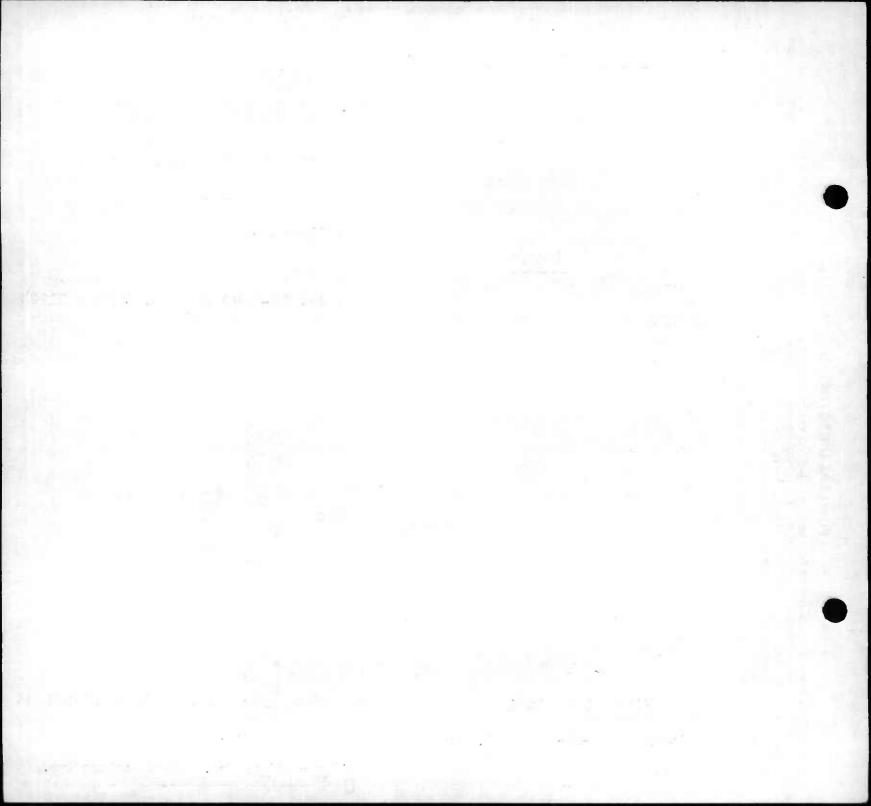
	1-56-	20 (11)	07		HEALTH DEPARTMENT	portuguia. (66 00787	
	E CASE NO.	66 007	31	CERTIFICA	TE OF DEATH		30)	
	Pe or Print)		T, Kath	nerine	2. DATE AN	23/66	2:30 A. M.	
3.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY			
	FULL NAME OF (II not in hospital or institution, give street HOSPITAL OR addiess or location)			MARYLAND 3-01				
	INSTITUTION BALTIMORE CITY HOSPITALS			C. CITY OR TOWN (If autside city limits, write RURAL and give township) BALTIMORE				
1/		4940 Easte	rn Aver	nue	D. STREET ADDRESS (IF	rural, give lacation)		
_	SEX 6	Baltimore,		and 21224	406 Bond Str	eet - 21231 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.	
	Female	White	WIDOWE	p, DIVORCED (specify)	3/18/86	1ast birthday) 79	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min,	
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if retired) Housewife Own Home			11. BIRTHPLACE (State or foreign Baltimore	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?		
13,	13. FATHER'S NAME William Gegner				14. MOTHERS MAIDEN NAME Lena Zimmerman			
15. (Ye	Was Deceased E	ver in U. S. Armed Ford If yes, give war at dates	es? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	No			219-05-5114	RECORDS: BCH 49	40 Eastern A	ve., Balto, Md. 2122	
	18. 4. 3 3	7-3311					INTERVAL BETWEEN ONSET AND DEATH	
		OR CONDITION DIR EADING TO DEATH	ECILY	(A) VA	ntriculus Fin merolyed Anto	bullation	20 mintes	
		I mean the mode of stherio, etc. It means		DUE TO			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	injury or compl	licotion which coused		(8) 5.	and Anti	procluses	hace we and	
		NTECEDENT CAUSES		DUE TO	711100			
	rise to the	obove couse (A)		(C)				
	UNDERLTING	CONDITION lost.						
ATION	OTHER SIGNIFIC	CANT CONDITIONS CO ATH BUT NOT RELA ONDITION CAUSING 11	G Basel	as certery m	ouff.	y years.		
CERTIFICATIO	19A. DATE OF OPERATION WAS PERFORMED			20 A. AUTOPSY? (Yes or No	1) 20 BY IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?		
CAL CER	OR CONTRIBUTING CAUSE OF hame, form, factory, street, etc.)			ar about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Bo)timore	: City, give exact lacation)		
MEDI	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not		nile At Nat While		URY OCCUR?			
	22. I certify the	hot (1) (Mis hospital)	ottended t	he deceosed from	1-13	19 6 6 to	1-23 1966	
						ot in (my) (our opi	nion deoth occurred on the dote	
		and hour and from the couses stated above. (I) (We) (did not) view the body after death.						
	23A. SIGNATUR		1 3	M.D. Atte	ending Med.	Stoff 5	23B. DATE SIGNED	
	23 C. PHYSICIAN	Join of	720		miding Med. Director 23 D. ADDRESS	Phys.	1-23-66	
	NAME (Typ		RTON	M.D.	4940 Eastern Av	enue, Balto	,Md. 21224	
24	A. BURIAL CREM	ATION, 24B. DATE		AME of CEMETERY or CRE			ty, tawn, ar caunty) (State)	
	Burial (Sp.	1-26-19	66 (Oak Lawn	Bal	timore Count	v. Marvland	
25	A. DATE REC'D B			OF REGISTRAR	25C. FUNERAL DIRECTOR	R	ADDRESS	
		1966 R.O. B	10 00	1 1 0 0	Lilly & Zeil	er inc. 190	ol Eastern Ave.	
VS	150-REV. 1/1/65	- 60 - 61-60-6	" MY MOE	COCOL MI				



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

MCOS	BALTIMORE CITY	Y HEALTH DEPARTMENT			
BIRTH NO. 1008 00788	CERTIFICA	TE OF DEATH Registered No.	6 00788		
I. NAME OF DECEASED MOTTON		EYER 2. DATE AND HOUR OF DEATH			
(Type or Print) Meyer Rob			Μ.		
3. PLACE OF DEATH IN MALTIMORE, MARYLAND	00/	/- 20 - 66 4. USUAL RESIDENCE (Where deceosed lived, If ins A, STATE B, COUNTY	titution: residence before admission)		
FULL NAME OF (If not in hospital or institution,	ave street		Avel Da		
HOSPITAL OR address or location)		C. CITY OR JOWN (If outside city limits, write RURAL and give township)			
1 Ballinge City A	spital	D. STREET ADDRESS (If rurol, give location)	md		
BAITIMINE City A	4				
		525 North Milton Avenue 21205			
m white Si	D, NEVER MARRIED ED, DIVORCED (specify) OF/R	B. DATE OF BIRTH 9. AGE (In years lost birthday) 12-20-96 9. AGE (In years Months: Doys Hours Min.			
10A, USUAL OCCUPATION (Give kind of work 10B, KIND (dane during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT, COUNTRY?		
retred Merchant Seamon		Baltimore, Maryland	45		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
louis -Aboles-		Sallie			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL	17. INFORMANT	ADDRESS		
No		Records: BCH-4940 Easte:			
18. / 9 9 , 2 1		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	meh	astatic alexander	6 mm		
(This does not mean the made of dying, e.g	, DUE TO	premary unknown			
heart foilure, asthenia, etc. It means the disease injury or complication which caused deoth.)	θ,	numary unknown			
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rise to the obove couse (A) stoting th					
UNDERLYING CONDITION lost.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.	NG THE				
	WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	NDINGS CONSIDERED		
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		Yes YES	SES OF DEATH?		
OR CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g., i		City, give exact location)		
	c.)				
21D. TIME (Month) (Doy) (Year) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
≥ (ABBBOY)	/hile At Not Whi		/		
22. I certify that (I) (this hospital) attended		VOV- 9-65 10 10 10	20-66 10		
that (I) (we) last saw the deceased alive an	10	6 19 and that in (my) (ovr) apin	! dd d d d		
1 1			ian death accurred an the date		
and haur and fram the causes stated abave.	(I) (We) (did) (did not)	view the bady after death.	23 B. DATE SIGNED		
2//shor	M.D. Att		1-20-66		
Vincent Felitti	M.D.	4940 Eastern Avenue, Bal	timore, Maryland		
24A. BURIAL CREMATION, 24B. DATE 24C. I	NAME of CEMETERY OF CR		, lown, or county) (State)		
Burial (Specify)	ft. Carmel	Baltimore, Mar	vland		
	OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS		
JAN 24 1966 OLC &	talley Mile		Ol Eastern Ave.		
VS 150-REV. 1/1/65	The free March	0 / 0 /			



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VS 150-REV. 1/1/65

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25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

Lilly & Zeiler Inc.

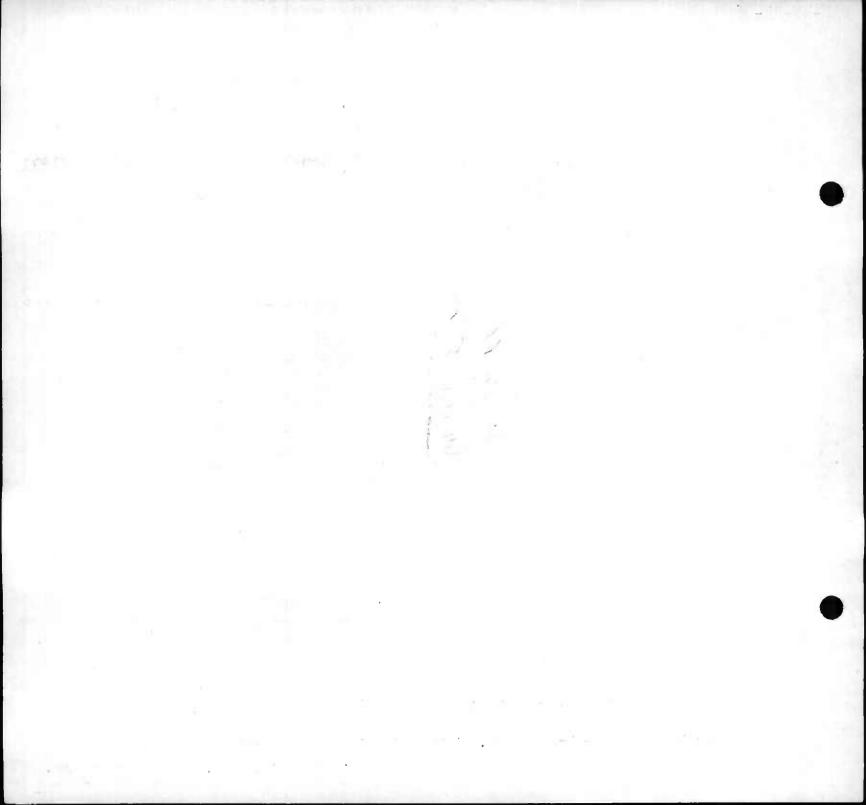
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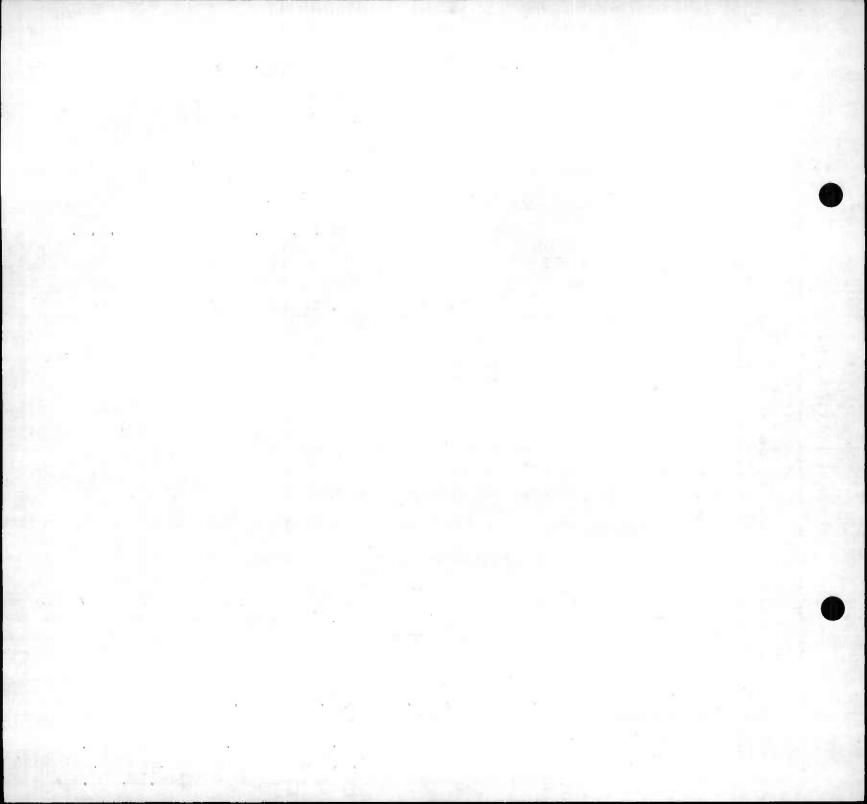
ADDRESS

1901 Eastern Ave.

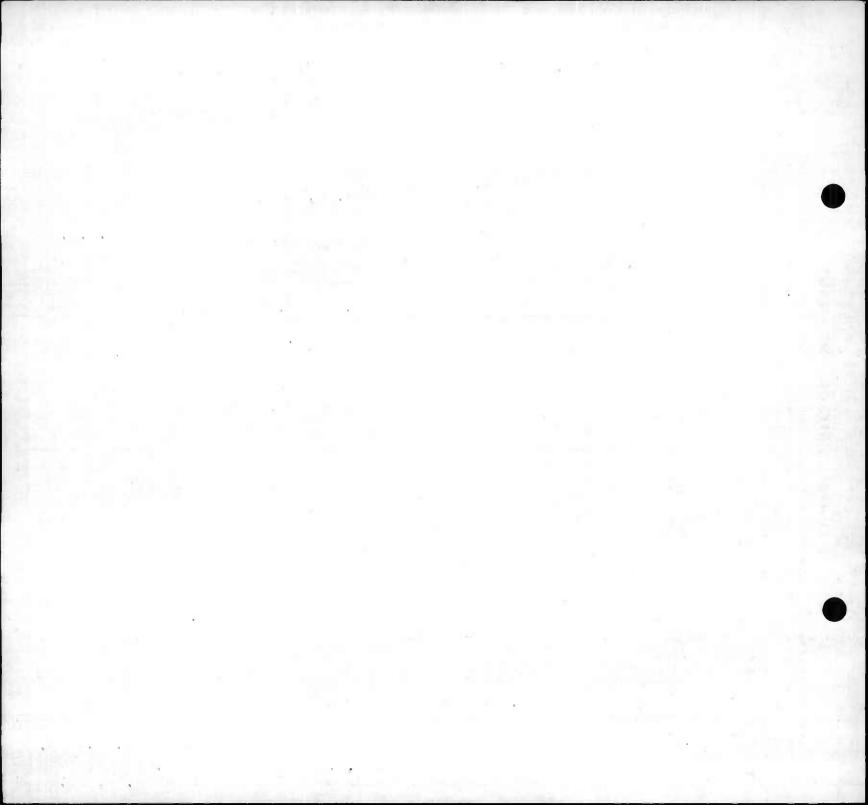


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			BALTIMORE CITY	HEALTH DEPARTME	NT	20 00500
BIRTH I	NO. 6	6 90%	CERTIFICA	TE OF DEA	TH Registered Na.	66 00790
	ASE NO. LE OF DECEASED		0=1(11110)		ATE AND HOUR OF DEATH	
(Type o	B 1 11	am J. B:	issell		Jan. 21, 1966	
3. PLA	CE OF DEATH IN BALTIMORE,	MARYLAND		4. USUAL RESIDENC	E (Where deceased lived, If i	institution: residence before admission)
	L NAME OF (If not in hosp	ital or institution,	give street	Marylar	nd /	-01
	TITUTION				(If outside city limits, write	RURAL and give township)
10	3547 Newl	and Rose	a	Baltimo D. STREET ADDRESS		
40	JOH! NOWI	and noa	u.			
5. SEX	6. RACE	7	, NEVER MARRIED	B. DATE OF BIRTH	wland Road	
	M W	Marr	i. DIVORCED (specify)	8/18/1889	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, US	UAL OCCUPATION (Give kind of ring most of working life, even if retire	work 10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
F	Executive		king	Belair,		U.S.A.
		. 7		14. MOTHER'S MAIDI		
	Benjamin Bisse	LT		Elizabet	ch Henshaw	
15. Wos (Yes, no	orunknown) (If yes, give wor or	Forces? dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No		215-07-6042	Mrs.Clara	Bissell	(Same)
18.	112001			OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTLY				ONSET AND DEATH
	LEADING TO DEA		A	Shami	t dis esse	2-157-
	nis daes not meon the made					
	orl failure, asthenia, etc. It me ury or complication which cou	,				
	ANTECEDENT CAU		(B)			
DI	SEASES OR CONDITIONS,		(B)			
rise	e to the above cause (
10	NDERLYING CONDITION last.			74 C 44 C C C C C C C C C C C C C C C C	9 9 9 9 9 7 9 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
	- 11					
O OT	THER SIGNIFICANT CONDITIONS O THE DEATH BUT NOT R	CONTRIBUTING	IG R	15/2 11	1	153 10
A DI	SEASE OR CONDITION CAUSIN	G IT.	Johns	entes, ce	monse, seve	1 /3 /
CERTIFICATION 10 10 10 10 10 10 10 10 10 10 10 10 10		PERFORMED	WHICH OPERATION	20A. AUTORSY? (Yes	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21 A	A ACCIDENT WAS UNDERLYING		B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE	DID (If in Boltimo	re City, give exact location)
A DE	CONTRIBUTING CAUSE OF	hor	me, form, factory, street, o	ffice bldg., INJURY OCC	CU R?	,, ,
U						
₹ OF	O. TIME (Month) (Doy) (Ye		E INJURY OCCURRED		ID INJURY OCCUR?	
(AF	PPROX.)		hite At Not White			
22.	I certify that (I) (this hosp	tal) attended	the deceased from Z	2/20	1953 to	Zen 2/1966.
11	it (1) (aug) tast saw the dece		1. / 1.1	19.66		
			1.	_		inian death accurred an the date
	haur and fram the causes :	stated above. (1) (dest (q(d) (dea 100+) - (view the bady after d	leath.	
237	A SIGNATURE		() A 1 A 11	ending Med.	Stoff	23 B. DATE SIGNED
	NX-th	earn	M.D. Att.			1/2/166
23 C	PHYSICIÁN'S NAME (Type)	77 - 2		230. ADDRESS		
	Norman	R. Fre	eman, Jr.M.D.	11 W. 29	th St.	
24A. BL	JRIAL CREMATION, 248. DATE	24C. N	AME of CEMETERY or CR	EMATORY	24D. LOCATION (C	ity, town, or county) (Stote)
	ombment 1/2/	166 25	out Cothadaa	Com	Dollar	76.2
25A. D.			ew Cathedra] of registran	25C. FUNERAL DIS	Balto.	Md •
1	AM & 4 soon A -	4 00	. 1	H.W.Jenki	ns & Sons Co	. 4905 York Road
VS 150	PEN 1/1/65	A Foto	Charles Comment			o 12 Md



				BALTIMORE CITY	HEALTH DEPARTMENT		66 00791		
	RTH NO.	66 0	0731	CERTIFICA	CATE OF DEATH Registered No.				
1.	L CASE NO. NAME OF DEC	EASED			2. DATE AL	ND HOUR OF DEATH	4		
		Mary I.			Janua	ry 19, 19	institution: residence before admission)		
3.	PLACE OF DEA	ATH IN BALTIMORE, M	ARYLAND		A. STATE B. COUN	ere deceased lived. Il i	institution: residence before admission)		
	FULL NAME O)F (If not in hospital oddress or locoti		give street	Maryland	tside city limits, write	RURAL and dive township)		
11 -	INSTITUTION	5807 Hille	n Road						
K)	, , , , , , , , , , , , , , , , , , , ,	11000		Baltimore p. street Address (#				
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED			If Under 1 Yr If Under 24 Hrs		
	F	W	Widor	o, divorced (specify)		lost birthday 80	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.		
		UPATION (Give kind of wo working life, even il retired)		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?		
11	Housew		Own I	Home	Baltimore 1	ha o Free o M	U.S.A.		
13	FATHER'S NAM		OWIL	TOTALO	Baltimore,	ME			
11		W. Harper			Sarah Elizab	eth Crouc	h		
15 (Y	. Was Deceased es, no or unknown	Ever in U. S. Anned F	tes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	No				Mrs.John O.Gi	llespie.2	2122 DulaneyValley		
	1800 0	. / 1		CAUSE O	E DEATH 4		INTERVAL RETWEEN		
	DISEAS	SE OR CONDITION D	IRECTLY	Arte	riosclerotic	Cardis-	ONSET AND DEATH		
		LEADING TO DEATH		WOIT	cular Disea	re.	241-5		
		(This does not mean the mode of dying, e.g., DUE TO							
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)								
1	ANTECEDENT CAUSES (B)			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	DISEASES								
		DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C)							
	UNDERLYING	UNDERLYING CONDITION Iosi.							
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ATIO	TO THE D	FICANT CONDITIONS	CONTRIBUTIN	G IE			20		
A	DISEASE OR	CONDITION CAUSING	IT.		100.0	1 000 10			
DTIEL	O DATE OF	OPERATION 198. CO	REPORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
Ü	21 A. ACCIDE	NT WAS UNDERLYING	218	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	()f in Boltimo	re City, give exact location)		
4	DEATH (notify	medical examiner	etc		fice bldg., INJURY OCCUR?				
1 2	21D. TIME	(Month) (Doy) (Yeor) (Hour) 21E	INJURY OCCURRED	21 F. HOW DID IN.	ILLRY OCCILE?			
AAE	OF INJURY			nite At Not While		, ok (
	(APPROX.)		Wo			2800 /			
	22. 1 certify	that (1) (this hospin	st) attended t	he deceased from	484 17	140 to V	TH. 1966,		
	that (I) (yes)	last saw the deceas	ed alive on	18 14x-	1 6 6		inion deoth occurred an the dote		
	and hour one	d from the couses st	ated above. (1) (300) (did) (didame) v	iew the body after death.				
H	23A, SIGNATU			, , (a.a.) (a.a.) (a.a.) (Tew file body differ deaths.		238, DATE SIGNED		
	(cha.	H Kan		M.D. Atte	nding Med.	Stoff	211.		
	COM-	10.11 am	mer,	Phy	s. Director	Phys.	21 402-1966		
	23C. PHYSICIA NAME (T	ype)	m H. K		6011 York R	oad			
24	A. BURIAL CRE	MATION, 248. DATE	24C.N	AME of CEMETERY OF CRE	MATORY 24D. L	OCATION (C	City, town, or county) (State)		
	Burial	Specify)							
		/ /		reland Memor		rkville,	Balto.Co., Md.		
25	A. DATE REC'D	BY HEALTH DEPT.	258. NAME (OF REGISTRAR	H.W. Jenkins	& Sons Co	o. 4905 York Road		
L	JAN Z	4 1966 (1) 0	178 3	n.00,41 17	0700		alto.12. Md.		
VS	150-REV. 1/1/	65		7					



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BALTIMORE CITY HEALTH DEPARTMENT 00792 CERTIFICATE OF DEATH Registered No. CC BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF CEATH (Type or Print) Ran 055€ 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. institution; residence before admission) B. COUNTY A. STATE Me noin. Memorial HOSPITE FULL NAME OF ar HOSPITAL OR oddress or locotion) OR TOWN (If outside city limits, write RURAL INSTITUTION more (If rural, give location) D. STREET ADDRESS 20 mad 7. MARRIED, NEVER MARRIED 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In If Under 1 Yr. Months Ooys if Under 24 Hrs. Hours Min. veors lost birthday) WIDOWED, DIVORCED (specify) 12/28/04 Hours Ma DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KINO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF isposition WHAT COUNTRY? done during most of working life, even if retired) USA esman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased/Ever in U. S. Armed Forces 17. INFORMANT ADDRESS SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 4306 NORWOOD AWBENCE RODOWSKU CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the made at dying, e.g., embal heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stating the UNDERLYING CONDITION last. remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING GAUSES OF DEATH? WAS PERFORMED GAUSES OF DEATH? ore 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 7 C. WHERE DID follower City, give exact location) OR CONTRIBUTING CAUSE OF home, form, loctory, street, office bldg., INJURY OCCUR? CAL bel DEATH (notify medical examiner etc. MEDI obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (this hospital) attended the deceased from

that (we) last saw the deceased alive an

and that in (aur) apinian death accurred on the date

and have and from the causes stated above. (4) (We) (did) (did and view the bady after death.

23A. SIGNATURE 23C. PHYSICIAN'S

Attending M.O. Phys.

Med. Stoff Director Phys. 23 B. OATE SIGNED

NAME (Type DR. HARRY

M.O.

23D. ADDRESS UNION MEMORIAL HOSPITAL

BROWN 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specily)

66

24D. LOCATION

(City, town, or county) (Stote)

24 24 1965 A 25A. DATE REC'D

Cathedra] New 258. NAME OF REGISTRAR

Bal timore 25C. FUNERAL DIRECTOR

Maryland

Jenkins

80 Sons ADDRESS York Road

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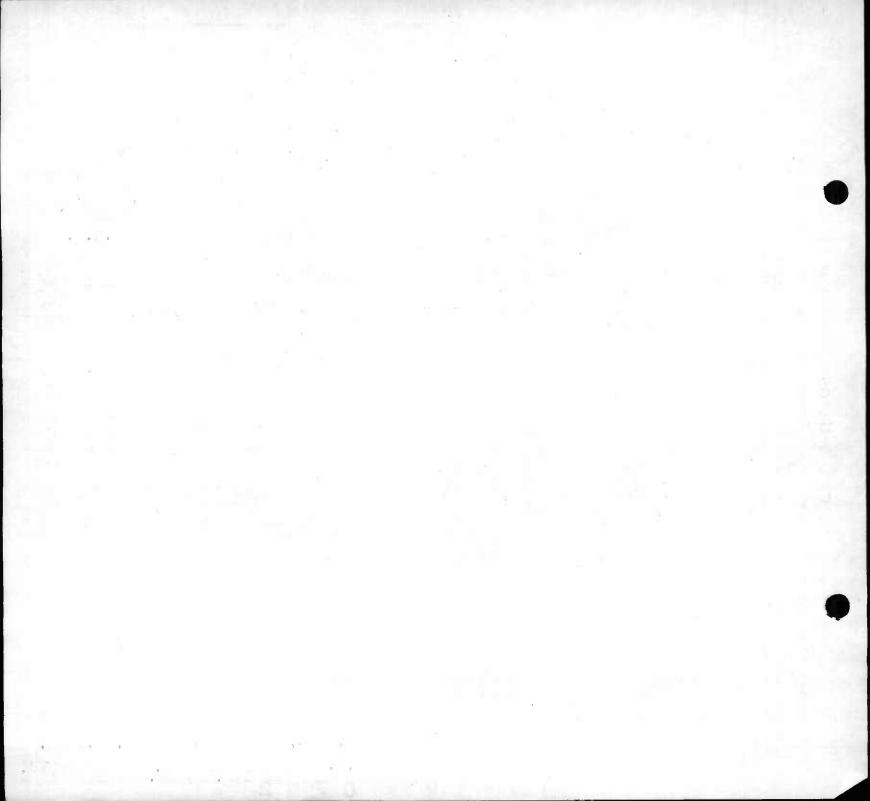
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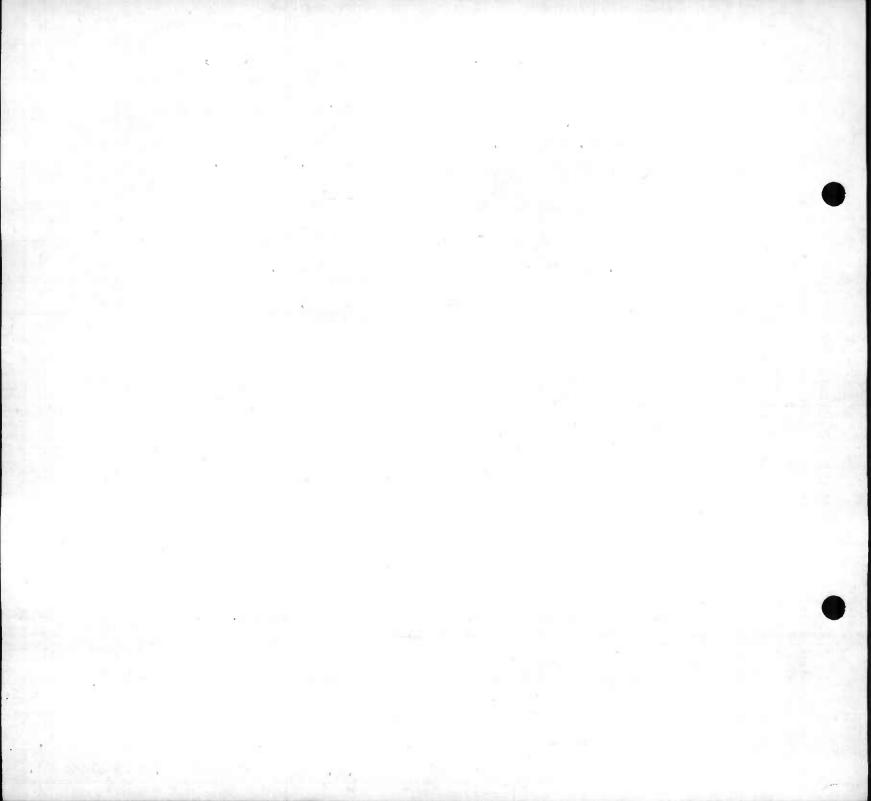
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BALTIMORE CITY HEALTH DEPARTMENT Registered No BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) BONNIE JO MILLS 3. PLACE OF DEATH IN BALTIMORE, MARYLAND RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY MARYLAND FULL NAME OF (If not in hospital or institution, give sheet HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE HOPKINS HOSP D. STREET ADDRESS (If rurol, give location) SPRING LANE APT 612 COLD 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours i Min. Hours WIDOWED DIXORCED (specify) lost birthday WHITE FEMALE 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, even if retired) Housewife Own Home Texas U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME T. CARL POOLE

15, Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dates of service) SUE M. CORBEL 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. 212-46-7599 Louis R. No Mills Same CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heall failure, asthenia, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obave cause (A) stoling the UNDERLYING CONDITION last. H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? CERTIF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etc.) MEDIC. 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (1)/(this hospital) attended the deceased from 66 20 that (1) (we) lost saw the deceased alive on and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above (1) (We) (did) (did not) view the body after death. 238 DATE SIGNED 23A. SIGNATURE Med. Stoff M.D. Attending Phys. Director Phys. 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) HOPKINS HOSPITAL JOHNS MICHAEL DAVIS M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 124 Dulaney Valley Mem. Grds. Entombment 66 Timonium Balto.Co., 25C. FUNERAL DIRECTOR H.W. Jenkins 4905 York Rd. 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR Sons 0.12 .Jenkins



BIRTH	NO.	CG	0070	BALTIMORE CI			Registered No	- 66 0079	4
1. NAA	ASE NO. AE OF DECE						N. 21,196		-
		TH IN BALTIMORE, MA	1	• IIIIII	II4. USUAL			institution: residence	7:00 p
FUL	L NAME OF SPITAL OR TITUTION		or instilution, gr	ve street	A. STATE Md c. CITY O	B. COUI	NTY	e RURAL and give to	
0		102 W. 39t	th St.		D. STREET		rural, give location)		
5. SEX		W	WIDOWED,	NEVER MARRIED DIVORCED (specify) WOO	8. DATE 0	-1 883	9. AGE (In years lost birthday)	If Under 1 Yr. Months Doys	If Under 24 F Hours Min
HO	usewij		Own H			aryland ERS MAIDEN NA		12. CITIZEN OF WHAT COU	NTRY?
	harle:	E. Baker					Whiteley		
(Yes, no	o ar unknown)	Ever in U. S. Armed Fore Off yes, give war ar dote:	s of service)	6. SOCIAL SECURITY NO.	17. INFORA	a R. Bak	er	Above	SS
D ris	eort failure, a jury ar comp A ISEASES OI se ta the	t mean the made of sthenio, etc. It means lication which caused NTECEDENT CAUSES & CONDITIONS, if above cause (A) CONDITION last.	the disease, death.) ony, giving	(B)	o	000000000000000000000000000000000000000		town now	******
ATIC	O THE DE	CANT CONDITIONS C ATH BUT NOT RELA ONDITION CAUSING I' OPERATION 19B. CON WAS PERF	TED TO THE	HICH OPERATION	20 A. AL	TOPSY? (Yes or N	O) 20B. IF YES, WER	E FINDINGS CONSID AUSES OF DEATH?	ERED
_ 0	CONTRIBUT	WAS UNDERLYING TING CAUSE OF	21 B. I home etc.)	PLACE OF INJURY (e.g., form, factory, street,	in or about 2' affice bldg., It	C. WHERE DID	(If in Battime	are City, give exact l	ocotion)
VED 21	D. TIME INJURY PPROX.)	(Month) (Doy) (Year)		E AI NOI WAT WO	nile 🖂	F. HOW DID IN.	JURY OCCUR?		
th	at (I) (me) I	hat (1) (this mapital ast saw the decease from the couses stat	d alive an	Jan 21,5.	307/119/	dy after death.	hat in (my) (aur) o	pinian death occur	red on the d
23	C. PHYSICIAN NAME (Ty	John A.	NESB	M.D. A	23D. ADDRE	Med. Director D	Stoff Phys	Jon 2	2,66 hid 212
	URIAL CREM		24C. NA	ME of CEMETERY of C	REMATORY	24D. L	OCATION	City, town, or county)	(State
Bu 25A. D	rial JAN 9	1-24-6 Y HEALTH DEPT.	25B. NAME OF	don Park		Ba NERAL DIRECTO Jenkins		Co.4905 Yo	
	-REV. 1/1/65	TOPO (No.	DE VI	A DOWN PARK	O PAN	and Oriversity	, a bomb c	- 4 / US	



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		BALTIMORE CITY	HEALTH DEPARTMENT				
В	IRTH NO.	CERTIFICA	TE OF DEATH Registered No	66 00795			
	A.E. CASE NO.		2. DATE AND HOUR OF DEATH				
		SHOCHET		1 / A W			
3	. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived, II ins A. STATE B. COUNTY	stitution: residence before admission)			
	FULL NAME OF (If not in hospital or institut	ion, give street	Baltimore, Maryland	0 to 16			
	HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outside city limits, write R	URAL ond give township)			
	Mt Sinai N b		Baltimore D. STREET ADDRESS (If rurol, give location)				
7	4613 Park	Heights Avenue	4613 Park Heights Avenu	e			
5	SEX 6. RACE 7. MAR	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.			
	Female White D.	ivorced	8/26/1896 69				
111	OA, USUAL OCCUPATION (Give kind of work 10B, KIN lone during most of working file, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	Employee D	ept. Store	Baltimore, Maryland	USA			
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
	Mordecai Sho		Bessie Levin				
1	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
			Mr. Louis Shochet 7058 Su	rrey Drive #15			
	1B. 331X1	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	in Ce	report hemovilege revalined arteriordes	1 hours			
	(This does not mean the mode of dying, heart foilure, osthenio, etc. It means the disc	e.g., DUE TO	()				
	injury or camplication which caused death.)	Cer	revalued ateriside	Jevent.			
	ANTECEDENT CAUSES	(B)	(4 4 4 4 1 1 1 Ele	02.5			
	DISEASES OR CONDITIONS, if ony, gi						
	UNDERLYING CONDITION lost.	(0)		**************************************			
	_ 11	the unat to	id authoritis	Soverel			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE CENTRALIZ	ed inaut in and spull	y Grans			
- 11		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FIN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?			
	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or obout 21C. WHERE DID (If in Boltimore	City, give exact facation)			
	DEATH (notify medical examiner)	etc.)	mice blogs, myoki occok:				
	21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
	S OF INJURY (APPROX.)	While At Not While At Work					
	22. I certify that (I) (this hospital) attend	ed the deceased from	December 1961 to 16	magny 22-19 6 6.			
	that (I) (we) last sow the deceased alive	on January	19 6 6 ond that in (my) (our) opin	nian deoth occurred on the dote			
	ond hour and from the couses stated obo						
	22A SIGNATURE)		228 DATE SCHED			

A. SIGNATURE	11/1				23B, DAT
Jerny !	Tout M.D		Med. Director	Staff Phys.	1
C DHYCLOLANEC		22D ADDRESS	3	,	/

NAME 24A. BURIAL CREMATION, REMOVAL (Specify)

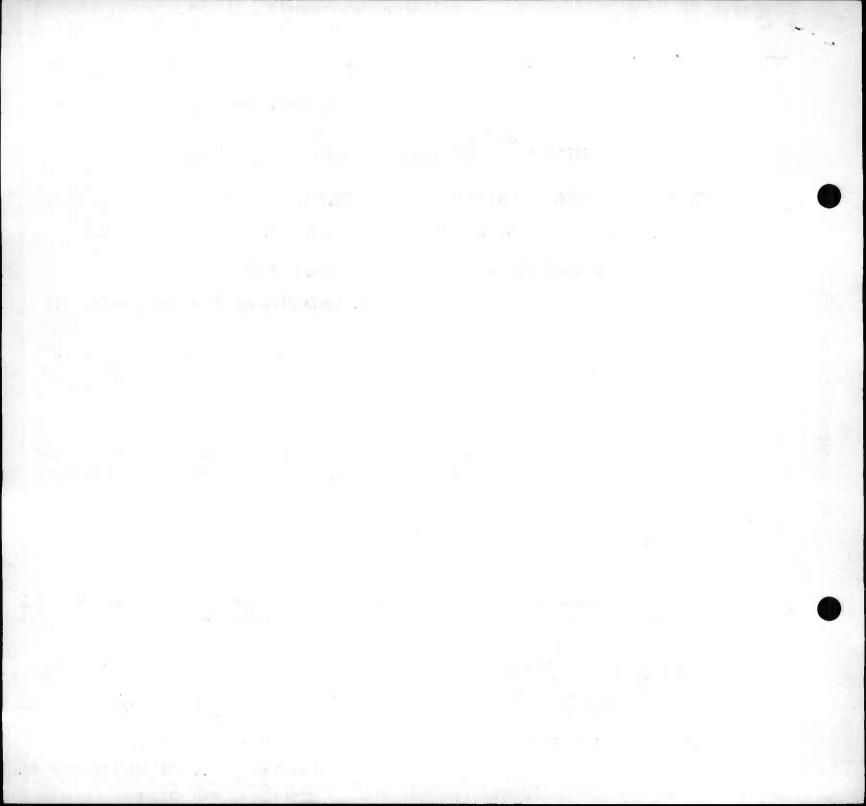
25B. NAME

1/23/1966

HEALTH DEPT.

Beth Tfiloh OF REGISTRAR Maryland

Baltimore, Mary 25C. FUNERAL DIRECTOR Sob-Levinson & Bros. 6010 ADDRESS Reisterstown Rd.



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		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRT	'H NO.	CERTIFICA	TE OF DEATH	Registered Na	10798
	CASE NO.	CLKTITICA		75 1 10 1	
	AME OF DECEASED			HOUR OF DEATH	
llyp	BESSIE MIC	HELSON	JANU	ARY 22. 1966	7:15 A.M
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN	deceosed lived. If insti	itution: residence before odmission)
1	FULL NAME OF (If not in hospital or institution oddress or location) NSTITUTION	on, give street		side city limits, write RU	IRAL ond give township)
1		+ - 0	Baltimore		
1/	Sinai Hospi	lac	D. STREET ADDRESS (If r	urol, give location)	
0			3328 Clarks	Lane	
5. 5	WIDO	ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	ost birthdoy)	It Under 1 Yr. If Under 24 His. Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
don	e during most of working life, even if retired) Housewife A	t Home	England		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	N.E.	
	Simon Gordon		Yett	a Steinberg	
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Ye	s,no or unknown)(It yes, give wor or dates of service	SECURITY NO.	Mrs. Florine Le	vy - 3712 Gl	engyle Avenue #15
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, the cold foliure, osthenic, etc. It meens the disection which coused deoth.)	e.g., (A) (B)	F DEATH CULO MYLOCA TUO MCUNOL	ideiOngle	INTERVAL BETWEEN ONSET AND DEATH ALCO 2011
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if ony, giv rise to the obove couse (A) stoting UNDERLYING CONDITION lost.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			-	
ERTIFICATI	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
CAL CE	2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, torm, foctory, street, o etc.)	n or obout 21C. WHERE DID thice bldg., INJURY OCCUR?	(If in Bollimore	City, give exact location!
MEDI	21 D. TIME (Month) (Doy) (Yeos) (Hous) OF INJURY (APPROX.)	21E, INJURY OCCURRED While At Not While Work Not Work	21 F. HOW DID INJU	JRY OCCUR?	
	22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive	on freu 2	19 66 and the	9 & Tto John apini	ion death occurred on the dat

Attending Phys.

23A. SIGNATURE

Park Heights

24D. LOCATION

Med. Director

24A. BURIAL CREMATION, 24B. REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY

Lester N. Kolman,

(City, town, or county) (Stote)

23B. DATE SIGNED

Bnai Israel Cemetery Baltimore
QE REGISTRAR
Sol Levinson & Bros. 1/23/1966 HEALTH DEPT. 25B 25B. NAME

Baltimore. Maryland

ADDRESS 6010 Reisterstown Road.

VS 150-REV. 1/1/65

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A SH LARMANA . THE MARKET A PARTY The second secon

M.E. CASE NO.	WATER MED	ICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No.	10/3/
T. NAME OF DE	CEASED	HAEL (RAY) FREIDMAN	2. date and hour pronounced dea January 20, 1966	9:40 A.
3. PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: n. A. STATE B. COUNTY	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET ATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL)	and give township)
)	900 W. Sa	ratoga Street	Baltimore D. STREET ADDRESS (If rurol, give locotion) 3501 Clarks Lane	(-00
5. SEX Male	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Un	der 1 Yr. If Under 24 Hr.
lone during most of	working life, even if retired)	General Wrecking	TRY 11. BIRTHPLACE (State or foreign country) 12. CI	TIZEN OF HAT COUNTRY?
	Nathan	Friedman	Rose Dubois 17. INFORMANT ADDR	
	D EVER IN U.S. ARME (If yes, give wor or do			Clarks Lane
DISEA	76 X1 SE OR CONDITION E LEADING TO DEAT	IRECTLY	USE OF DEATH unshot wound of head	INTERVAL BETWEEN ONSET AND DEATH
DISEASES RISE TO TH UNDERLYI	ANTECENDENT CAUS OR CONDITIONS, IF IE ABOVE CAUSE (A) NG CONDITION LAST	ANY, GIVING DUE TO		
O TO THE	II NIFICANT CONDITION DEATH BUT NOT R R CONDITION CAUSIN	ELATED TO THE		
_	OPERATION 198, CO	NDITION FOR WHICH OPERATION REFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES	
UNDERLYING	L CAUSE WAS XOR CONTRIB- ISE OF DEATH.	21B. PLACE OF INJURY (e. home, form, foctory, street etc.) Storeroo	g., in or obout 21C, WHERE DID (If in Boltimore City, give exoc., office bidg., INJURY OCCUR?	t location)
OF INJURY (APPROX.)	(Month) (Doy) (Ye	7	Shot self in head	
	tify that I held on	Inquiry Inspection	Autops) ond that on this basis, death in my opin	ion
ACTUA SIGNAT EXAMIN	URE VER'S		CHIEF MEDICAL EXAMINER LD. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DATE SIGNED 1-20-66
NAME (BA. BURIAL CRE REMOVAL (Specif Buri	MATION, 23B. DATE	harles S. Petty, M. 23C. NAME of CEMETER 1966 Chizuk Amu	Y or CREMATORY 23D. LOCATION (City, town,	
	BY HEALTH DEPT.	248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
JAN	- 1000	J. E. Fallengs	Sol Levinson & Bros. 6010 Re	isterstown Ro
S 151-REV. 1/1/	00 N 8 3	6 770 070	00796	

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. _ BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED OLTZMAN (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: A. STATE

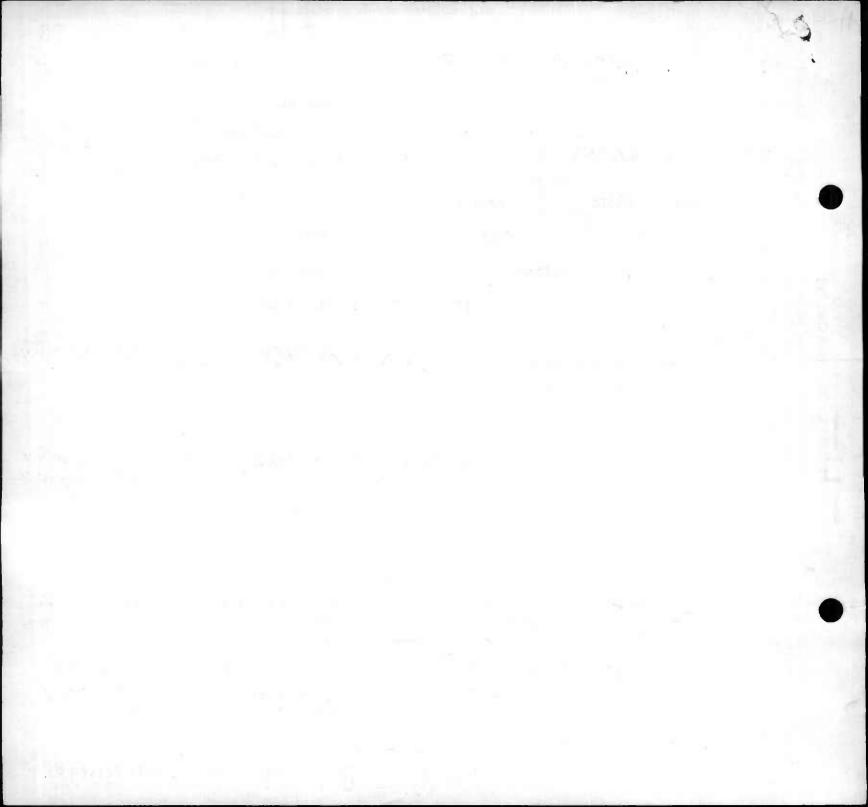
B. COUNTY Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location (If outside city limits, write RURAL and give township) HEBREW HOME & LEVINDALE Baltimore D. STREET ADDRESS (If rural, give location) Levindale Aged Home is made. 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 24 Hrs. Hours Months Doys WIDOWED, DIVORCED (specify) lost birthdoy) Married 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF isposition WHAT COUNTRY? done during most of working life, even if retired) Manus Caps Russia USA 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Unknown O 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL ADDRESS final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. Sigmund Holtzman 217/09/8993 CAUSE OF DEATH 0 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY BRONCHO PNEUMONIA embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injuly or complication which caused death,) ANTECEDENT CAUSES DUE TO Gre DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. the remains ARTERIOSCLEROTIC HEART DISEASE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING MELLITUS TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFIC 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner MEDIC obtained (Hour) (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Work At Work 22. I certify that (this hospital) attended the deceosed fram that (%) (we) last saw the deceased alive on and that in (any) (aur) apinion death occurred on the date and hour and from the causes stated abave. (4) (We) (did) (did not) view the body after death. 23A, SIGNATURE 238. DATE SIGNED Attending Phys. approval LEVINDALE AEBREW HOMEX INFIRMARY 23C. PHYSICIAN'S DR. GEORGE BERCU

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

Anshe Emunah-Aitz Chaim
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

LEVINSON & BROS INC. 6010 Reist



IMPORTANT FUNERAL DIRECTOR:

(4) Undetermined cause; (5) Deceased attend = prior occurred is made. regular deceased deoth disposition = Mas the the direct assistant death LO kind; final attendance any pronounced 10 or his embalmed of fracture the chief medical examiner 2 regul who Gre 4 (3) physician obtained before the remoins WOS medical burns; physician (2) Body the 0 where the body was released to the hospital °Z any nature; be approved by 9 (except and An accident of hospital death) must certificate must 0 approvol 0 prior at D.O.A. deceased written ap shows: (1) Mas

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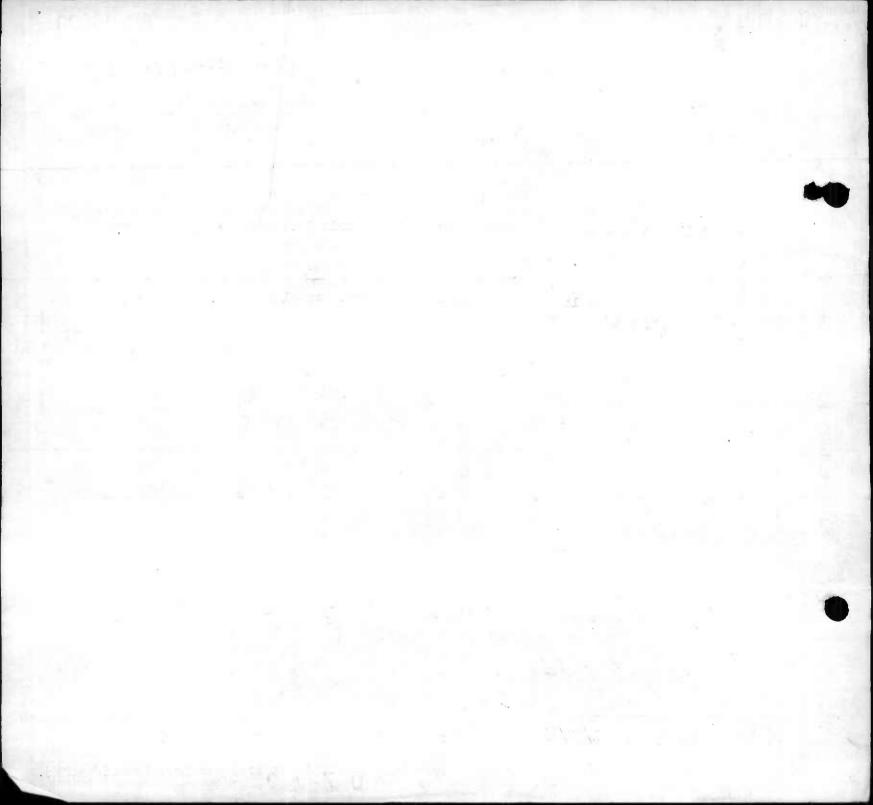
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) B. COUNTY A. STATE FULL NAME OF HOSPITAL OR INSTITUTION (If not in haspital or institution, give street address or location) (If autside city limits, write RURAL and give township) D. STREET ADDRESS (If rurol, give location) 7. MARRIED, NEVER MARRIED 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Manths: Days If Under 24 Hrs. Hours Min. WIDOWED, DIVORCED (specify) Hours last birthdoy Q MR RIGT 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? WHAT done during most of working fite, even if retired) 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, na arunknown) (If yes, give war ar dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 03-0012 No INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 0 (This does not mean the made of dying, e.g., heart failure, osthenia, etc. It meons the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, to the abave couse (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, form, foctory, street, affice bldg., INJURY OCCUR? (If in Baltimore City, give exact location) OR CONTRIBUTING _ CAUSE OF MEDICAL DEATH (natify medical examiner) otc. 21 D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While I (APPROX.) Wark At Work 22. I certify that (t) (this hospital) attended the deceased from that (1) (we) lost saw the deceased alive an 19 and that in (my) (our) opinion death occurred on the date ond hour and fram the couses stoted obove. (1) (We) (did) (did not) view the body after deoth. 23A SIGNATURE 23B, DATE SIGNED Attending Phys. M.D. Med. Director 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type 24A. BURIAL CREMATION, 24B. DATE OF CREMATORY 24D. LOCATION (State) REMOVAL (Specify) urea 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS

	BALTIMORE CITY	Y HEALTH DEPARTMENT	00 00000
BIRTH NO. 66 00800	CERTIFICA	TE OF DEATH Registered No	. 55 00800
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DEAT	TH 1630 A
RANDOLI	PH W. McGEE	Jan. 32-1	966 1,20 Am.
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived. If A. STATE B. COUNTY	
FULL NAME OF (If not in hospital HOSPITAL OR oddress or location	or institution, give street	MARYLAND DORCHESTE	
THE JOHNS HOPKINS		EAST NEW MARKET	te RURAL ond give township)
5 2 0010 1.01 KTM	- THE	ROUTE # 1	
5. SEX 6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday) 1-20-14	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Field Supervisor	Frezen Food	Harris Co., Georgia	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	-	14. MOTHERS MAIDEN NAME	
Ira Q. Med	Gee	EULA IRVIN	
15. Was Deceased Ever in U. S. Armed Far (Yes, no ar unknown) (III yes, give war ar date Yes WW 11	s of service) 1 6. SOCIAL SECURITY NO. Unknown	Mrs. Randolph McGee, Sec	ADDRESS cretary, Maryland
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not meon the mode of heort failure, osthenia, etc. It means injury or complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING INTO THE DISEASE OR CONDITION CAUSING INTO THE DEATH (BUT IN THE DEATH CONTRIBUTING CAUSE OF DEATH (notify medical examiner) OF INJURY (APPROX.)	dying, e.g., the disease, deoth.) any, giving stoling the ONTRIBUTING TO THE STRUCTURE TO	20A. AUTOPSY? (Yes or No) 20B. IF YES, WEI IN CERTIFYING (If in Boltin of obout 21C, WHERE DID (If in Boltin INJURY OCCUR?	INTERVAL BETWEEN ONSET AND DEATH Approx 12 hr 25 days. REFINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exact location)
23A. SIGNATURE LOVERT A - Rester 23C. PHYSICIAN'S NAME (Type)	d alive an // 5 2 ed abave. (1) (#6) (did) (did mot)	lending Med. Stoff Ka	238. DATE SIGNED 1/22 /66
ROBERT A. 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 1/27/66	24C. NAME OF CEMETERY OF CR	ZEMATORY 24D. LOCATION	(City, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JAN 25 1966 (Bet & Neckury	LeCompte Funeral Servi	
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DO DISMI BALTIMORE CIT	Y HEALTH DEPARTMENT 66 00801
BIRTH NO. 66 00801 CERTIFICA	ATE OF DEATH Registered No. 00 00001
M.E. CASE NO. 1. NAME OF DECEASED:	2. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	Kelson) 123/66 24/A, M. [4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street	M 2 4 / 2 4 C / 2 - 0 6
HOSPITAL OR oddress or locotion) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	D. STREET ADDRESS (If rurol, give, location)
The Union Memorial Hospita	54. E. 26th St.
Marked Caucasian 7. Married, Never Married WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IDA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired Sail Maker Coast Guard	Norway U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Huders Kelson	Annelle ? ?
15. Was Deceosed Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) ((f yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
Yes W.W.1 115-09-5333	Mrs. Gertrude Kelson Same as above
7/0/	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	LANGE HERE DISTANT
(This does not meon the mode of dying, e.g., DUE TO	277-10 075-0750
hearl failure, asthenio, etc. It means the disease, injury or complication which caused death.)	No area contains
ANTECEDENT CAUSES (8) DUE TO	HORTIC STENOSIS
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stolling the	OCARDIAG INFARCTION
UNDERLYING CONDITION last.	BITIVE HEART FAILURE
z II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE USEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION WAS PERFORMED	YES IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., OR CONTRIBUTING CAUSE OF home, form, factory, street, etc.)	in or about 21 C. WHERE DID Office bldg., INJURY OCCUR? (If in Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Not Wh Work At Work	ile
22. I certify that ((this hospital) attended the deceased from	1-22- 1966 10 1-73 1066.
that ((we) lost sow the deceased alive on	19 6 ond that in (our) opinion death occurred on the date
and hour and from the couses stated above.	
23A. SIGNATURE	23R DATE SIGNED
	tending Med. Stoff Phys. 1/23/66
23 C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
DR. ANCEL C. TIPTON, JR M.D	· 33vd + Cz/ver/ 5/5.
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City, town, or county) (State)
burial 1-25-66 Lake View	near Sykesville, Carroll Co. Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
VS 150-REV. 1/1/65	Stewart o Mowen Co. 108-N-North Av (21201)

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

	22 00000	BALTIMORE CITY	HEALTH DEPARTMENT		00 00000			
	birth No. 66 00802	CERTIFICA	TE OF DEATH	Registered No.	66 00802			
	M.E. CASE NO.							
	(Type or Print) ELIZABETH ATHE	RINE WESTPH		66	9:20 A M.			
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT		titution: residence befare admission)			
ł	FULL NAME OF (If not in haspital or institution, g	ive street	MARYLAND	HOWA	RD			
	HOSPITAL OR INSTITUTION ST AGNES HOSPI	TAI	C. CITY OR TOWN (If autsi	de city limits, write RI	JRAL and give tawnship)			
1	AGNES HUSPI	IAL	ELLICOTT CITY D. STREET ADDRESS (If rural, give lacation)					
07	0		GRAYROCK FARM					
ade	5. SEX 6. RACE 7. MARRIED,	NEAEL WY WHED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs.					
E	FEMALE WHILE XXXXX	KEMARKATED	11 10 86	79	Manths Days Haurs Min.			
n is	10A. USUAL OCCUPATION (Give kind at wark 108king of dane during mast af warking life, even if retired)	SUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar fareign	n country)	12. CITIZEN OF WHAT COUNTRY?			
0	HOUSEWIFE		MARYLAND					
0.0	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM					
disposition	LEWIS SPIES		CATHERINE V	WENDEL				
0	15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknawn) (If yes, give war ar dates af service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
fina	No	None	ST AGNES HOSE	RECORDS				
0	18. 15 3.01	CAUSE O		KEOOKOO	INTERVAL BETWEEN ONSET AND DEATH			
pe	DISEASE OR CONDITION DIRECTLY	\cap		· 10				
	(This does not mean the mode of dying, e.g.,	(A) Carcina of the Due TO						
palm	heort failure, asthenio, etc. It means the disease, injury or complication which coused death.)		Cae cum mule Acute					
E	ANTECEDENT CAUSES	(B)	Carcinoma of the Caecum much Acute Cardiac failure & Terminal Eurocration					
9	DISEASES OR CONDITIONS, if any, giving	1 minen	le lui	ceration				
S	lise to the above couse (A) stating the UNDERLYING CONDITION last.	(C)	**************************************		***************************************			
a.	11	·						
rem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
0	U 10A DAYE OF CREDATION 100 CONDITION FOR W		[20 A. AUTOPSY? (Yes ar Na)]	208 IF VEC WERE EL	NOW CONTINUES			
e th	WAS PERFORMED	THICH OPERATION	NO	IN CERTIFYING CAU	AUSES OF DEATH?			
0	U 21A. ACCIDENT WAS UNDERLYING 218.	ar about 21 C. WHERE DID	(If in Baltimare	City, give exact location)				
pef	DEATH (natify medical examiner) etc.)	e, tarm, tactary, street, at	fice bldg., INJURY OCCUR?					
ed	21D. TIME (Manth) (Day) (Year) (Haur) 21E.	INJURY OCCURRED	21 F. HOW DfD INJU	RY OCCUR?				
ain	OF INJURY (APPROX.) While Wart	e At Nat While						
þ	22. I certify that 💥 (this hospital) attended th			55 to 1 22	10 66			
0	that () (we) lost sow the deceased alive on	1 22	19 66 and that	in kwk) (our) opin	ion death accurred on the date			
t be	and hour and from the couses stated above.							
must	23A. SIGNATURE				23 B. DATE SIGNED			
_	Benjamin C. S.	Atte Phy:	mding Med. S S. Director P	toff hys. 🗸	1-22-66			
ρΛC	23C. PHYSICIAN NAME (Type)	-	22D ADDRESS	, WILKENS				
approval	BENJÁMIN C GUZMAN	M.D.	BALTO 29 MD	, WILKENS	GCATON			
	24A. BURIAL CREMATION, 24B. DATE 24C.NA REMOVAL (Specify)	ME of CEMETERY OF CRE		CATION (City	, tawn, ar caunty) (State)			
6		t. Johns Luth	eran Pfei	ffers Corner	r.Md			
written	25A, DATE REC'D BY HEALTH DEPT. 25B. NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS			
3	JAN 25 1966 @2. F	8 Jallatian	F.C. Higinbot	hom, Ellicot	t City, Md			
	VS 150-REV. 1/1/65							

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	the hospital by a medical examiner or his assistant if deoth occurred in a hospital by a medical examiner. Also, if the direct or contributing cause any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) (except where the physician who pronounced death was in regular attendanc; and (6) No physician was in regular attendanc of the deceased prior to defined the force the contribution of the deceased prior to defined disposition is made.
DRTANT	if the direct or y kind; (4) Under death was ire darce on the death was ire find dispersion
CTOR: IMPO	caminer or his caminer. Also, if A fracture of ar who pronounce regular attendance of the campaign of the camp
FUNERAL DIRECTOR: IMPORTANT	the hospital by a medical examiner or his assistant if deoth occurred the hospital by a medical examiner. Also, if the direct or contributing any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined (except where the physician who pronounced death was in regular attendance deceased principled by the constitution of the deceased principled by the contribution of the contrib
	the hospital k any nature; (2) (except where y and (6) No pl

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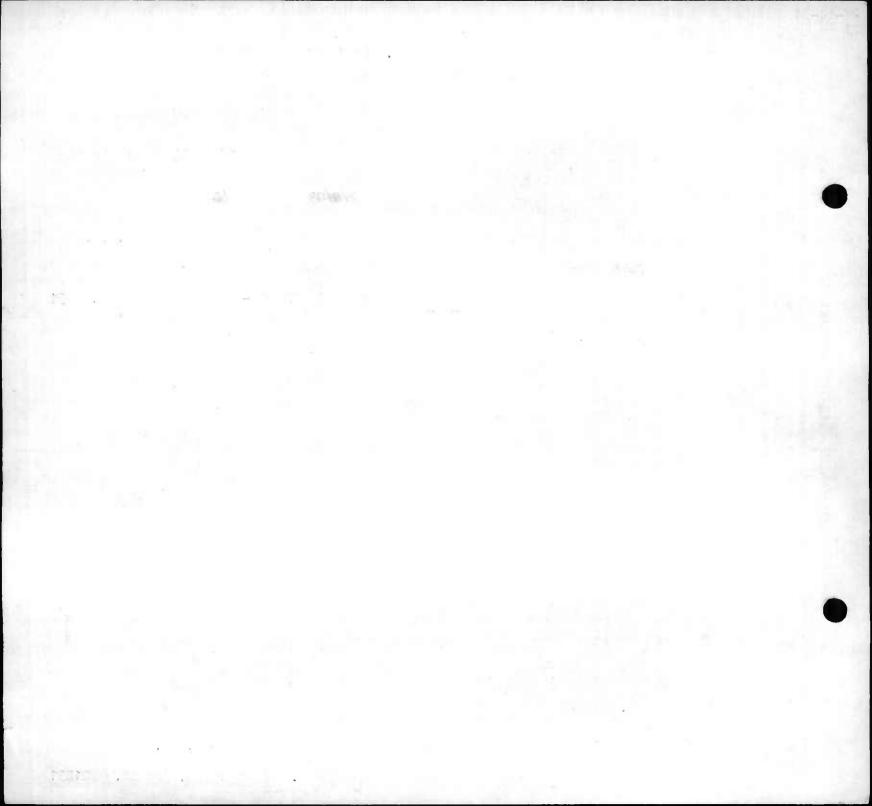
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hospital and to the second of death (5) Deceased fance on the death. Such

hospital

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. Frances A. Skalinski 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, M. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY A STATE (If not in hospital or institution, give street MARYLAND FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION BALTIMORE CITY HOSPITALS BALTIMORE (If rurol, give locotion) 1902 Aliceanna Street LAVENUE #21224 D. STREET ADDRESS 4940 EASTERN AVENUE MARYLAND 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under Months Doys Hours S. SEX B. DATE OF BIRTH If Under 24 Hrs. 6. RACE WIDOWED, DIVORCED (specify) lost birthdoy) FEMALE 2/9/03 MARRIED 62 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11), BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MARYLAND Housewife Packing House U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Buczek Frances Hezek (Hizik) 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Frank Skalinski - 1902 Aliceanna St. No 215-09-6287 RECORDS: BCH 4940 EASTERN AVE. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Meuminia LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? Ū 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) MEDIC (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Hour) OF INJURY While At Not While I (APPROX.) Work At Work obta 19 59 to Jan 22. I certify that (1) (this haspital) attended the deceased fram. that (1) (we) last saw the deceased alive on Wan 23 19 66 and that in (ny) (aur) apinian death accurred an the date and have and from the causes stated above. ((We) (Fig) (did not) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Med. Stoff M D. Phys. Phys. Director L approval 23C. PHYSICIAN 23D. ADDRESS NAME (Type) DR. KENNETH TUCKER 4940 EASTERN AVENUE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY (City, lown, or county) REMOVAL (Specify) Burial 1/27/66
2SA. DATE REC'D BY HEALTH DEPT. Holy Rosary Cemetery Baltimore, Md. 25C. FUNERAL DIRECTOR ADDRESS

Weber 705 S. Ann St. VS 150-REV. 1/1/65



(If outside city limits, write RURAL and give township) 374 Nicholson Road - 21221 If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A ADDRESS RECORDS: BCH 4940 Eastern Ave., Balto.Md.21224 INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes (If in Baltimore City, give exact location) the body was released to the hospital and that in (our) opinion death occurred on the date 23B DATE SIGNED 4940 Eastern Avenue, Balto, Md. 21224 D.O.A. eceased 7225 EASTERN BLVD. BA.Co., MD OAK LAWN BURIAL SD 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 4015, CONKLING VS 150-REV. 1/1/65

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BIRTH NO.

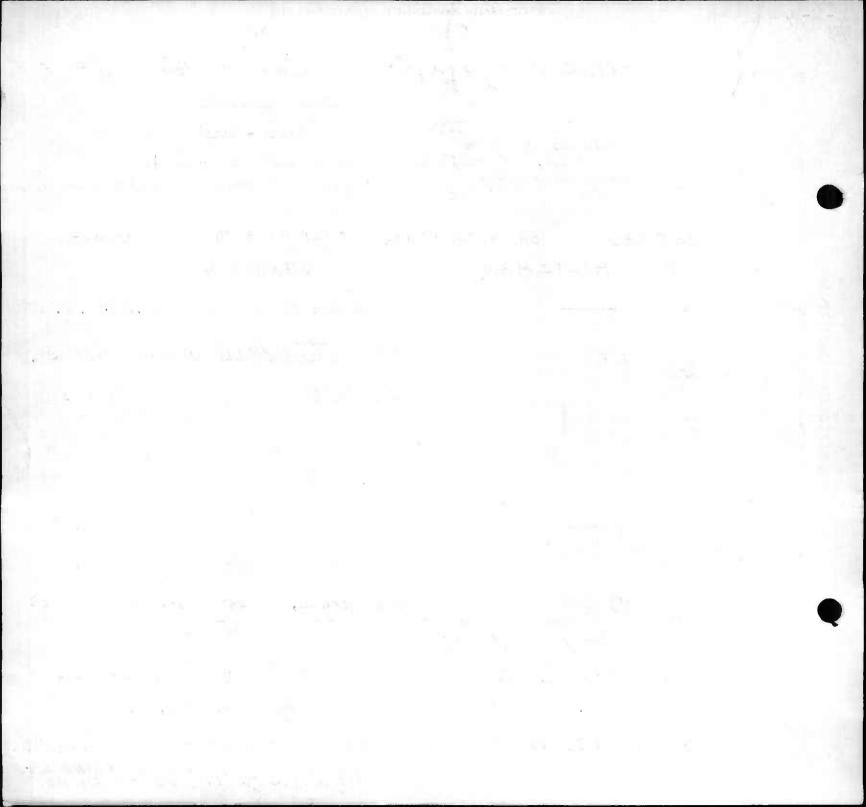
M.E. CASE NO. I NAME OF DECEASED

(Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

2. DATE AND HOUR OF DEATH

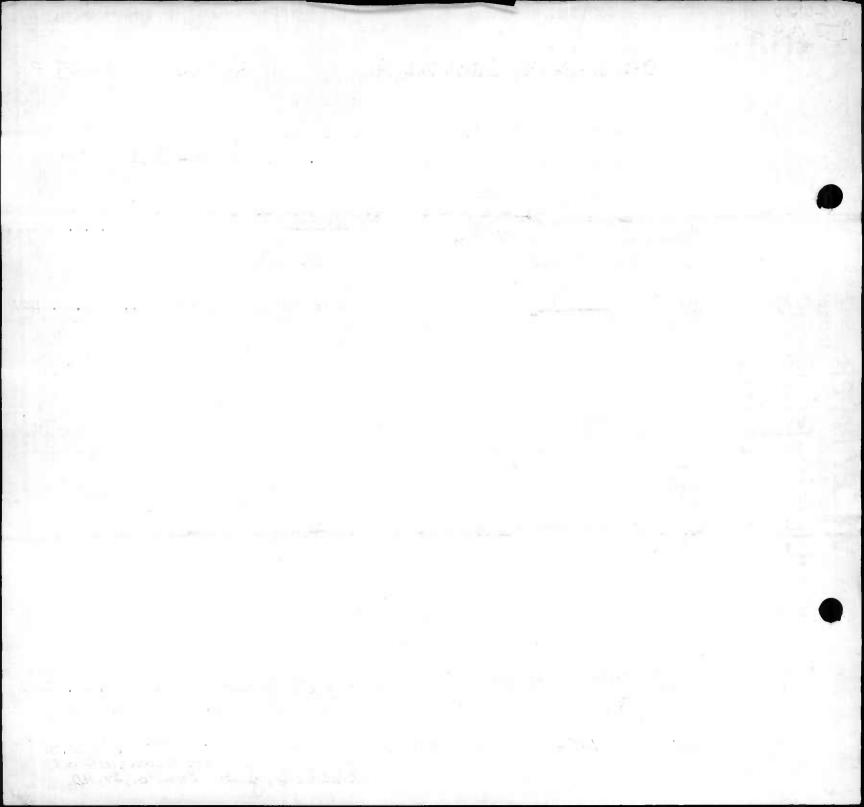


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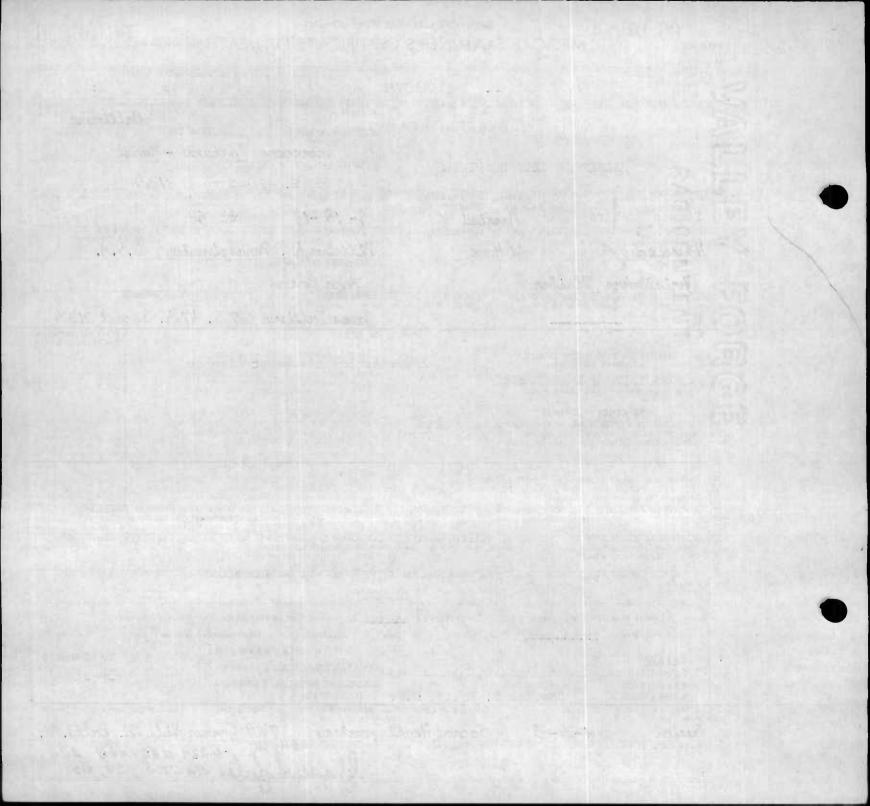
BALTIMORE CITY HEALTH DEPARTMENT 66 00805 CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALMMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence (If outside city limits, write RURAL and give township 706 S. DURHAM STREET - 21231 tt Under 24 Hrs. If Under 1 Yr. Hours 12. CITIZEN OF WHAT COUNTRY ADDRESS BCH 4940 Eastern Ave. Balto Md. 21224 INTERVAL BETWEEN ONSET AND DEATH 2709 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH (If in Boltimore City, give exoct location) ond that in (my) (our) apinian death occurred an the date 23B. DATE SIGNED 4940 Eastern Avenue, Balto, Md. China Sacred Heart (emetery 7401 German Hill Rd. Balto, Md 25B. NAME OF REGISTRAR FUNERAL DIRECTOR 901 S, CONKLIAPGRESS ST. BALTO, 14, HD VS 150-REV, 1/1/65



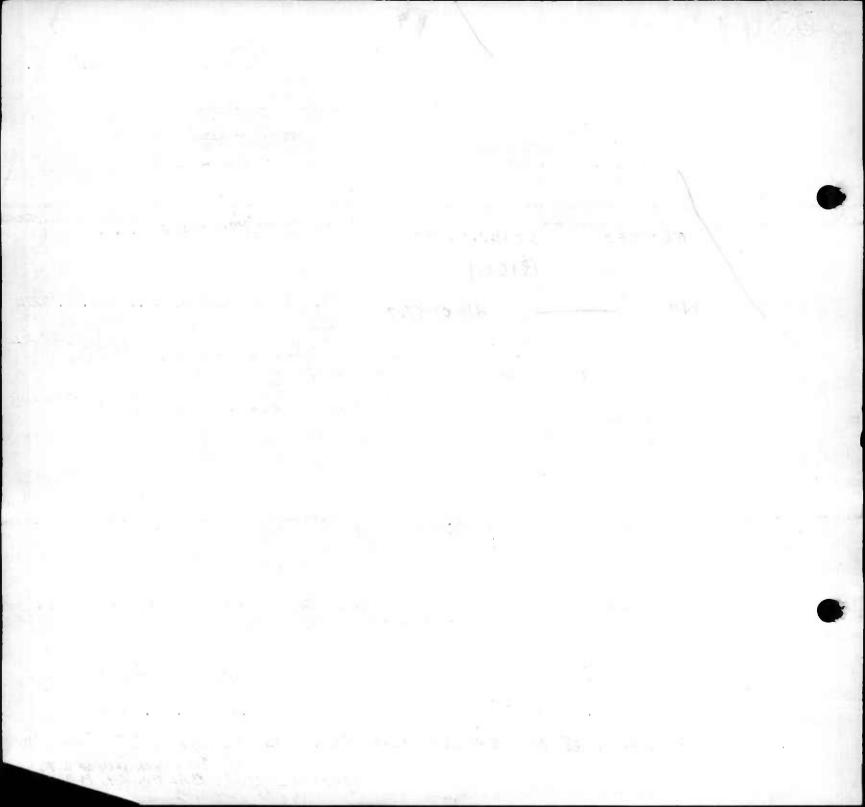
5-415 BIRTH NO. 66 00806

BALTIMORE CITY HEALTH DEPARTMENT 66 00806

BIRTH NO.	MEDICAL EX	AMINER'S C	ERTIFICA	TE OF I	DEATH Register	ed Na.
M.E. CASE NO.						
1. NAME OF DECEASED					D HOUR PRONOUNCE	
Trype or Thin	MARGARET E	. SULLIVA	N	Janua	ary 20, 1966	7:40 A.
3. PLACE IN BALTIMORE, MAR	YLAND, WHERE PRONOU	INCED DEAD	4. USUAL RESID	EN CE (Where	deceosed lived. If instit	tution: residence before admission)
FULL NAME DE (IF NOT	IN HOSPITAL OR INSTITU	TION, GIVE STREET	1	ryland		Baltimore
HOSPITAL OR ADDRESS	OR LOCATION)		V.		Eastwood -	RURAL and give township)
DATT	MORE CITY HOS	TATT	D. STREET ADD	9000000		NOUL
DALL.	THORE CITI HO	DLTIVID				1221
					th Street 2	
Female White	WIDOWED, I	NEVER MARRIED DIVORCED (specify)	9- 18 -	-13	9. AGE (In years lost birthday) 53 52	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give		BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreig	n country)	12. CITIZEN OF
Housework	At Ho	me	Pittsbur		ennsylvania	U.S.A.
13. FATHER'S NAME	Pleifer		Anna L			
15. WAS DECEASED EVER IN U		16. SO CIAL	17. INFORMANT	RVUU		ADDRESS
(Yes, no or unknown) (If yes, give		SECURITY NO.	40.00		4 - 0 1- 1	
NO			James Su	llivan	627 S. 47th	Street 21224
18. 24 00 7-		CAUSE	OF DEATH	1000		INTERVAL BETWEEN
7 2	DITION DISTORT					ONSET AND DEATH
DISEASE OR CON		Arter	iosclerot:	ic hear	t disease	
(This does not mean the	e mode of dying, e.g.,	DUE TO				
injury or complication whi	ch coused death.)					24, - 27, 47, 18, 18
ANTECENDE		(8)				
RISE TO THE ABOVE CA		DUE TO				
UNDERLYING CONDITI						
NO.		(C)				
OTHER SIGNIFICANT CO						
OTHER SIGNIFICANT CO	NOT RELATED TO T					
TO THE DEATH BUT DISEASE OR CONDITION						· · · · · · · · · · · · · · · · · · ·
19A. DATE OF OPERATION	198. CONDITION FOR Y	WHICH OPERATION		? (Yes or No)	IN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?
ZIA, EXTERNAL CAUSE WA	AS 218	PLACE OF INJURY (e.g.,				
UNDERLYING OR CONTRI	home,	form, foctory, street,	office bldg., INJUR	OCCUR?	in commore only, gra	e exoct toconomy
21D TIME (Month) (I	Doy) (Yeor) (Hour) 2	IE. INJURY OCCURRED	21 F. H	OW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)	v		WHILE			
22.	eld an Inquiry			d shoe on st	la handa danah la	v azinlan
		1		land.	is basis, death in m	
resulted fram: b	latural causes X A	ccident / Suicid	e Hamici	ide U	Indetermined manne	r 🗌
	01	1/	CHIEF M	EDICAL EX	AMINER	DATE CICHED
ACTUAL) (rail.)	Polly . M.D	ASSISTANT M	EDICAL EX	AMINER X	DATE SIGNED
SIGNATURE		M. D	ASSOCIATE M			1-20-66
EXAMINER'S NAME (Type)	Charles S	. Petty, M.D.	ASSOCIATE N	EDICAL EX	AMINEK	
		C. NAME of CEMETERY	CREMATORY	23 D. L	OCATION (City,	town, or county) (State)
REMOVAL (Specify)						
Burial	1-24-66	Sacred Heart				U Rd. Balto. Md.
JAN 25		OF REGISTRAR	24C. FUNER	AL DIRECTOR		ASTERN AVE.
0111760	1900 000		Johan	les Dis	ever BALT	-0, 24, MP.
VS 151-REV. 1/1/65	7	Cr. Sale		U		



					B	ALTIMORE (CITY HI	ALTH DE	PARTMEN	T		0.0	2 0	000	1-04
	H NO. CASE NO.		00807		C	ERTIFIC	CAT	E OF	DEAT	H	Registered No.		2 1	MAH	1
1. N (Typ	AME OF DI e or Print)	RIC	el. J	oh m	SR	,				1	HOUR OF DEATH		_	LO:45	A.M
3. P	LACE OF D	PEATH IN	BALTIMORE, MAI	RYLAND				STATE	B. C	Where	deceased lived. If i	nstitulian:	residenc	ce befare	admission)
1	FULL NAME OF HOSPITAL OR NSTITUTION HASPITAL OR BALTIMORE CITY 4940 Eastern Av							MARYI CITY OR	TOWN	If outsi	LTIMORE de city limits, write	RURAL or	nd give	township)	
2)								D. STREET ADDRESS (If rurol, give location)							
1	Baltimore, Maryland 21224							6919 Delvale Place - 21222							
	MALE		HITE	WIDOW		SED (specify	/)	3/10	/87	lo	AGE (In years st birthday)	If Unde Months	er 1 Yr. Doys	If Und Hours	er 24 Hrs. Min.
	during most		ON (Give kind of work olife, even if retired)			L CO,	STRY 11.	RHOI			PROVIDENCE	VA/ E	IZEN O	PF DUNTRY?	
13. FATHER'S NAME							14.	14. MOTHER'S MAIDEN NAME							
			IKNOWN	1710	- 1			UNKI						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(Yes	no or unkno	wn) (II ye	n U. S. Armed Fore s, give wor or dote:	es? s of service	36. SOC SEC	URITY NO. 07-072		INFORMA EC ORDS		494	0 Eastern	Ave.,	Balt		21224
	18.	3/	X I				É OF C							VAL SETV	
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH							LiAC	AG	PA	1.1+600	_ /	Hon	NEW	+ 07
	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. Il meons the disease,														
	ANTECEDENT CAUSES (B) CNA DUE TO CEREBRAL ARTERIOSCUEROSIS (B) CNA DUE TO CEREBRAL ARTERIOSCUEROSIS														
	rise lo	the ab	ONDITIONS, if a cove couse (A) NDITION last.			(C)	(CE)	CG BIL	A C /	Q E F	- GRIOICE	KOSIS		************	
	11														
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.														
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED							20 A. AUT	Des Yes	or Na)	208. IF YES, WERE IN CERTIFYING CA				
CAL CE	OR CONTRIBUTING CAUSE OF										(If in Baltimo	re City, gi	ve exoc	t location	
	OF INJURY (Month) (Doy) (Year) (Hour)				21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?										
	(APPROX.)				While At Not While At Work										
	22. I certify that (I) (this hospital) attended the deceosed from Jan 2) 1966 to Jan 21 1966 that (I) (we) lost sow the deceosed alive on Jan 21 1966 and that in (my) (our) apinion death occurred on the date														
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.														
											23B. DA	DATE SIGNED			
	Attending Med. Stoff Phys. 21,/ 23C.PHYSICIAN'S 23D. ADDRESS												9/6		
	L	eonai		racci		٨	v.D. 4	940 E	astern	Ave	., Balto.	Md. 2	122	4	
24A	REMOVAL					CEMETERY OF						City, town,		-	(Stote)
25.0		RIAL	1-25-6		SACR		EAR	CE			GERMAN	HILL	KD.	13A C	2,
25A	. DATE REC	IA N	25 1966 id		e OF REGIS	Colley H	9	25C. FUN	IERAL DIRE	//\ }	1 9015	CONI	KLIZ	DDRES	
VS		JAI	00 1000 I	L. Bree	C Carlo	Chachil	70	weng	orles s	119	uler BAL	. T. Or-	24		



-1 1		BALTIMORE C	ITY HEALTH DEPARTMENT GG DORDO	
2 4 0'			CATE OF DEATH Registered No. 66 00808	
and ase ase th th	1. N	E CASE NO. NAME OF DECEASED (MANGELLIAN)	2. DATE AND HOUR OF DEATH	
of de Of de Decea e on ith. S		MAX W. DEMSKI	Van. 20,1966 2:20,	P. M.
spit e of De nce eath	3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before od. A. STATE B. COUNTY	lmission)
hosp ise (5) and dea		FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	MARYLAND /-O	
cause cause; use; (5) endan to de		INSTITUTION	C. CITY OF TOWN (If outside city limits, write RURAL and give township) BALTIMORE	
	0	HARFORD GARDENS	D. STREET ADDRESS (If rurol, give location)	-
D.=_ L .			326 S. PATTERSON PK. ATE	
tribut tribut mined gular sed p	5. 5	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost bighday) If Under 1 Yr. If Under Months Days Hours	24 Hrs. Min.
contrik letermin in regul eceased		M W MARRIED	7-9-1849 66	
co lete		A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUS ne dyring most of working life, even if refired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
- Pur		LABORER	POLAND U.S.	
# 45 3 F B	13.	FATHERS NAME	14. MOTHER'S MAIDEN NAME	
5	100	MARTIN DEMSKI	NORA DZIEDZIC	
	(Ye:	Was Deceosed Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	A. (
SS + L L L		No	MARY DEMSEI 326 S. PATTERON	18.10
his as to, if fany nced enda d or		7-22/	OF DEATH INTERVAL BETWE	
- U O D + 0		DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	enghral Vasarlar Ace, det 2 days	
		(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenio, etc. It means the disease,	Teniorderotic Cardio Vascular Disae 2 years	***************
Pr ct e		injury or complication which coused death.)	Tenrovident + Cardio Vascular Duces 2 4 part	
min min fra ho bo egu		551.10	1)	
exa exa (3) A n w in r		DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)		
ins ins		UNDERLYING CONDITION last.		
dical dical rrns; (rsicial was mains	Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
by by	ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
chief Body the the ysici	IFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
	CERTIFIC	21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.	g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location)	
	CAL	OR CONTRIBUTION CONTRACTOR OF Theme form forten	, office bldg., INJURY OCCUR?	
A Z S S S S S S S S S S S S S S S S S S	DIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
artu (6)	MEDI	OF INJURY (APPROX.) While At Not \	While	
roved te hos y nat xcept ind (6		22. I certify that (I) (this hospital) attended the decased fram		66
apping to the		that (I) (we) last saw the deceased alive an 1992 20	19 66 and that in (my) (507) apinian death occurred an t	
0 9		and haur and from the causes stated above. (1) (We) (did) (did no		,,,,,
dent of death)		23A. SIGNATURE	23B. DATE SIGNED	
2000		Loylle Semmeman M.D.	Attending Med. Stoff Phys. Am 22,6	6
s re ac		23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	1.
was rely An accident prior to		Loy M. Limmerman M	.D. 3202 Harford Rd, Boltimore, No	d
certificat sody was s: (1) An D.O.A. at ased pric	244	A. BURIAL CREMATION 248 DATE 24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION (City, town, or county)	(Stote)
This certif the body shows: (1) was D.O./ deceased written a	1	BURIAL JAN 24-66 HOLY NO.	SARY BALTIMORS	
the books: was D. deceas	25A	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS	10
F + 0 3 0 3		JAN 25 1966, 00 Sept 2, Jakes M.	T.VV. UZITZEWSKI TIJO CITSVEICN P	12

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23208143 MARTIN .

NORA DZIERZIC

7-9-1899 POLAND

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such Such Such and or the physician was in regular attendance on the deceased prior to death. Such Such Such and the physician has been appropriately disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY HEALTH DEPARTMENT 66 00809 C					
	CERTIFICATE OF DEATH Registered No.					
1.1	E CASE NO. NAME OF DECEASED pe of Print) Report Rep	Willer	2, DATE AN	D HOUR OF DEATH	1130 A M	
3,	PLACE OF DEATH IN BAYTIMORE, MARYLAND	YIII	4. USUAL RESIDENCE (When	e deceased lived. If insti	tution: residence before admission)	
	FULL NAME OF (If not in hospitol or instit	ution, give steet	c. city or town (If out	side city limits, Write RU	RAL and give township)	
3	University	Hosp.	D. STREET ADDRESS (If	ural, give location)		
	1	١	3014 DA		7.	
5.		RRIED, NEVER MARRIED OWED, DIVORCED (specify)		ost birthday)	If Under 1 Yr. If Under 24 Hrs. North's Doys Hours Min.	
	A. USUAL OCCUPATION (Give kind of work 10B. KII ne during most of working)ite, even if letired)	ID OF BUSINESS OR INDUSTRY	AAaula	gn country)	12. CITIZEN OF WHAT COUNTRY?	
13.	FATHERS NAME		14. MOTHER'S MAIDEN NAM	AE .	0.5.77	
	Carl Miller	Jr.	JULIA.	LYNN		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? es,na ar unknown) (If yes, give war or dates of ser	(vice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	18. 7 4 4	CAUSE OI	F DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY	(1 + 0 11 +	0 -	ONSET AND DEATH	
	(This daes nat mean the made of dying, heart failure, asthenia, etc. It means the dis	e.g., DUE TO	gentes Heart	Disease Lesia)		
	injury as complication which caused death.)	toda Value	Lesion)	Like		
	DISEASES OR CONDITIONS, if any,	DUE TO		8 20 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
	rise to the above cause (A) stating			00 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Z	II					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIE TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.	UTING O THE				
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?	
₩ F	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID	(If in Boltimore C	city, give exact location	
MEDIC	21D. TIME (Month) (Doy) (Yeo) (House OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While At Work	21F. HOW DID INJ	JRY OCCUR?	76	
While At Work 22. I certify that (this hospital) attended the deceased fram 18 6 19 to 1/23/6/19 that (we) lost sow the deceased alive on 1/23/6/19 ond that In (aur) opinion death accurred an the						
	Edward 1. K	UE MO M.D. Atte	anding Med. Director	Stoff Phys.	23 / 1966	
	23C. PHYSICIAN'S NAME (Type)	1				
Edward 1. Ruley, MO M.O. University Hospital						
	REMOVAL (Specify)	LAKE VIEW	010	PLT.	town, or county) (Stote)	
25	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS					
VS	150-REV. 1/1/65	1000 -	9 6 9 9	3619	Theshir ave	

Generally Hesp KERLAND FILES more white -20/11/1 Maryland Carl Willer Se. Julia Lynn Tiple

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10/16/1

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

tf Under 24 Hrs,

WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

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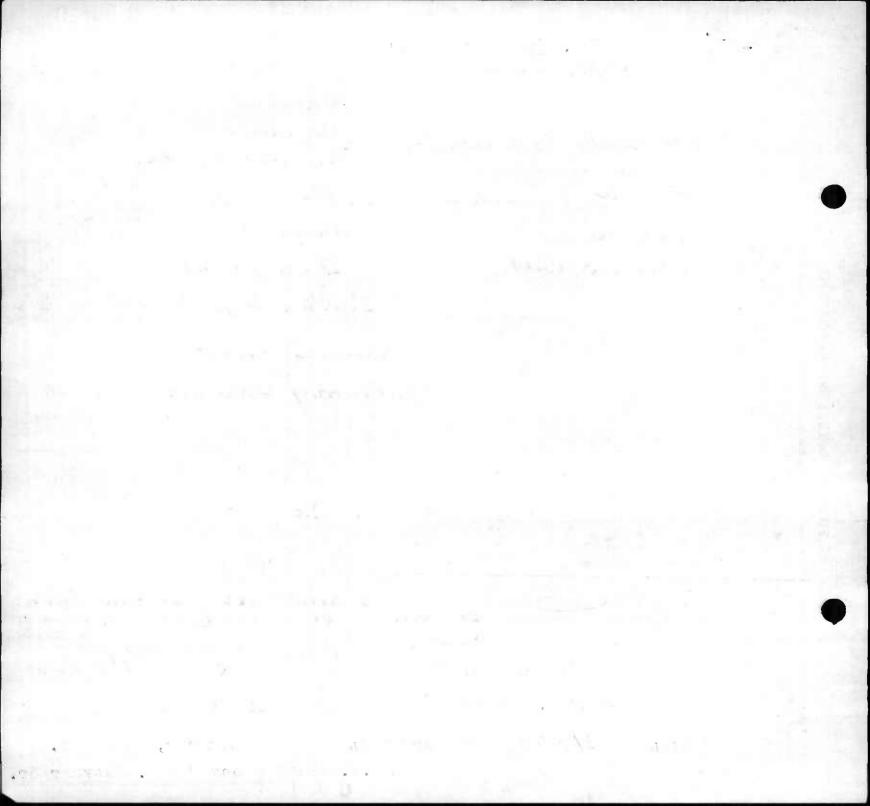
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IMPORTANT FUNERAL DIRECTOR:

BIRTH NO.

VS 150-REV, 1/1/65



M.E. CASE NO.

VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

25C. FUNERAL DIRECTOR

Registered No.

If Under 24 Hrs.

ADDRESS

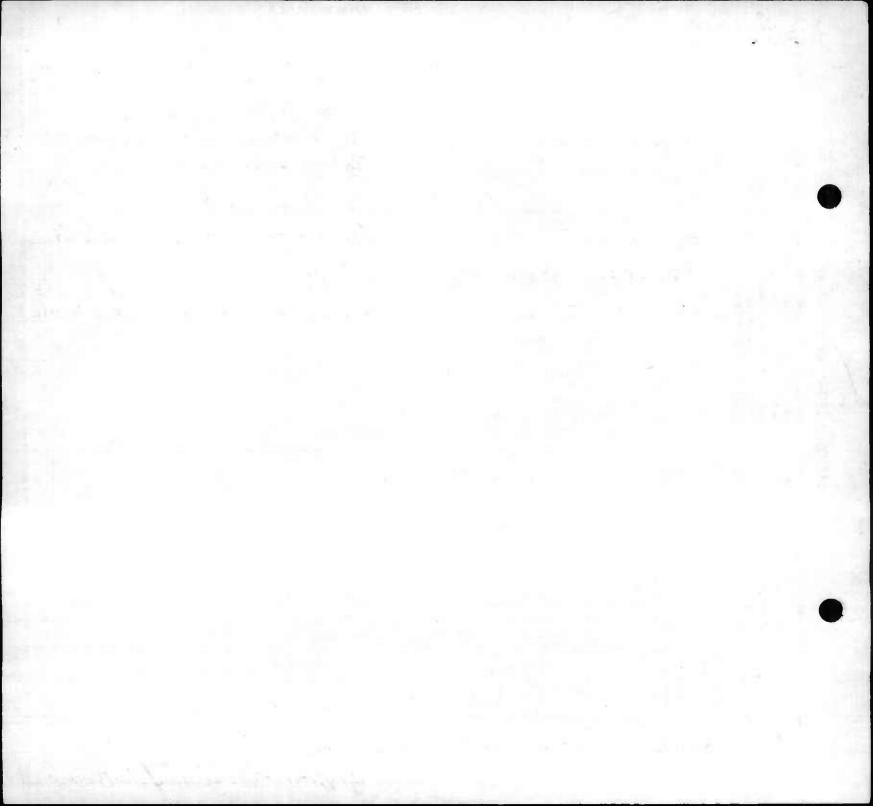
and the state of 1765: Grand of R.S. M. W. W. & J. ASCUD Transfer to a

BALTIMORE CITY HEALTH DEPARTMENT

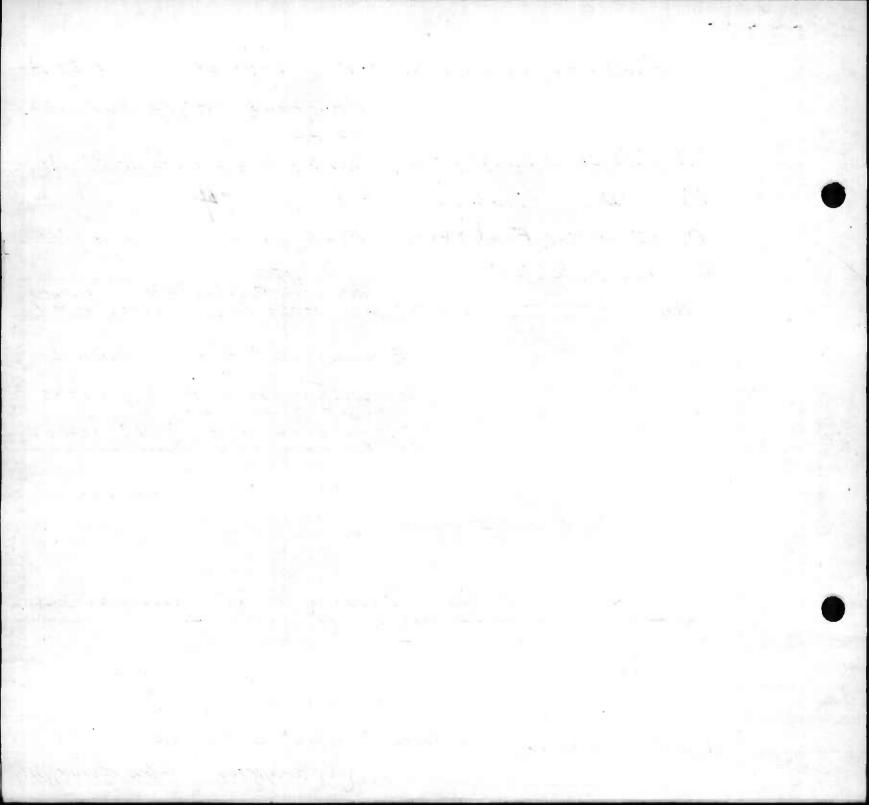
BIRTH NO. 66 00812	CERTIFICA	TE OF DEATH	Registered Na.	66 00812)
1 NAME OF DECEASED	TUTMAN	2. DATE A	and Hour of DEATH	205	A M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WHA. STATE B. COU	INTY	n stitution: residence before	odmissiont
FULL NAME OF (If not in hospital or institution oddress or location)	n, give street	0 112	outside city limits, write	RURAL and give townshipt	
Sinai Hospital		011	f rurdy give location)	le Hebrew -	Home
1 11 1 WIDOV	ED, NEVER MARRIED VED, DIVORCED (specify)	B. DATE OF BIRTH 29 June 1879	9. AGE (In years lost birthday	If Under 1 Yr. If Und Months; Doys Hours	ler 24 Hrs. Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working lite, even if retired)	WIDOW ED OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	1	12. CITIZEN OF WHAT COUNTRY?	7
13. FATHERS NAME		Baltimor		4.5.1	1
Mich el Rosen 15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	Feld	17. INFORMANT	e Wie	3813- MON	100
NO -		IKVING E.	Robinson	N- Balto, Y	nd-
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE	Pheumonia		onset and d	MEATH
(This does not mean the made of dying, e heart failure, asthenia, etc. It means the disea injury ar camplication which caused death,)					
DISEASES OR CONDITIONS, if any, givinise to the above cause (A) stating to UNDERLYING CONDITION last.	he (C)				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE Chronic K	Pronchitis +		FINDINGS CONSIDERED	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	in or obout 21 C. WHERE DID	(If in Boltimor	re City, give exact lacation)
OF INJURY	While At Not Whi		IJURY OCCUR?		
22. I certify that (1) (this hospital) attende that (1) (we) last saw the deceased alive a			19 66 ta		9 66 .
and haur and from the causes stated above	. (1) (ye) (did) (did hat)	view the bady after death	•		
Solomon Robbin	M.D. Aff	ending Med. Director	Stoff Phys.	21 Jan 19	66
23C. MAYSICIAN'S NAME (Type) Solomon Role	bins M.D.	Sinai Hos,	pital, Bal	timore, M	d.
REMOVAL (Specify! 1-23-66 B	NAME OF CEMETERY OF CR	EMATORY 24D.	LOCATION (C	ity, town, or county!	(State)
JAN 25 1966		Sivaleton	Robert P. Was	a Clenkur	ie md

VS 150-REV. 1/1/65

eral Home Clenterais md

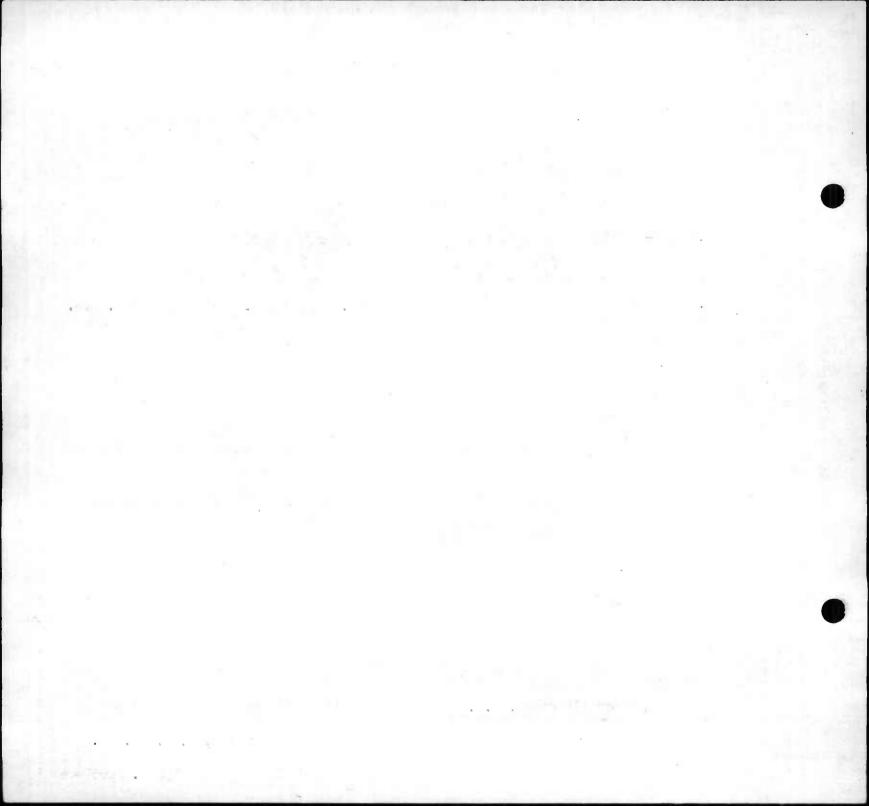


	BALTIMORE CIT	Y HEALTH DEPARTMENT	00 00010			
BIRTH NO. 66 (10813	CERTIFICA	TE OF DEATH V Registered Na.	66 00813			
1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH				
(Type or Print) FINEGAN Thomas MILTON 1-20-66						
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D D	4. USUAL RESIDENCE (Where deceosed lived, If in	nstitution: residence before admission)			
FULL NAME OF (tf nat in haspital ar insti	tutian, give street	MARYLAND AND C. CITY OR TOWN (If outside city limits, write	VE ARUNGEL			
INSTITUTION		C. CITY OR TOWN (If outside city limits, write	KUKAL and give township)			
MONTEBELLO S.	TATE HOSDITAL	D. STREET ADDRESS (If rurol, give facation)	O Pasadana			
	ARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.			
MW	DOWED, DIVORCED (specify)	6-6-1891 last birthdoy	Months Days Hours Min.			
IOA, USUAL OCCUPATION (Give kind of work 10 B. Ki	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
MEAT CUTTER F	ood FAIR	MARYLAND	USA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
Charles FINEGA	N	White				
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no arunknown) (If yes, give war ar dates of se	16. SOCIAL SECURITY NO.	mrs Ruth Finegar Cu	ADDRESS AME.			
No -	217-05-77	a Hospiral Re	cords. AS#4			
18. 14. 4 5 I		F DEATH	INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		-onchopNeuMoNiA	2 3000			
(This does not mean the made of dying heart failure, asthenia, etc. It means the di		OHSHO PNSONIA				
injury at complication which caused death.		111				
ANTECEDENT CAUSES	(B) CEY	ebral Thrombosis E RIGHT HEMIPLEGIA	yweeks			
	giving	RIGHT HEMIPEGIA	~			
rise to the above cause (A) statin UNDERLYING CONDITION last,	g the (C) 77 4	PETTENSIVE and Exioscievatic Heart Dr.	Years			
11	CIF /	CRIOSCIEVELLE HEAVI DI	irese			
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	BUTING TO THE					
DISEASE OR CONDITION CAUSING IT.		120 A ALIXODOVO (V N) COS. 10				
198. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Boltimore bldg., INJURY OCCUR?	e City, give exact location)			
U		21F. HOW DID INJURY OCCUR?				
OF INJURY (APPROX.) (Month) (Doy) (Yeor) (Hou	While At Not Whi					
	Work Al Work					
22. I certify that (%) (this haspital) atte	nded the deceased fram	ANUARY 13 1966 to JAK	14ARY 20 1966			
that (I) (we) last saw the deceased aliv	e an JANUARY	19 66 and that in(my) (***) api	nian death accurred an the date			
and haur and fram the causes stated ab	ave. (1) (We) (did) (did_not)	view the bady after death.				
23A. SIGNATURE						
Momas P. Co	nully M.D. All	ending Med. Stoff Phys.	1-20-66			
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS				
THOMAS P. CONNELLY	M.D.	MONTEBELLO STATE HOSPITAL	1 •			
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (C	ly, lown, or caunty) (State)			
Byrial 1/22/66	Glen HAVEN		e, md.			
25A. DATE REC'D BY HEALTH DEPT. 258. N	AME OF REGISTRAR	25C. EUNERAL DIRECTOR	ADDRESS			
WE LED DEV. MAKE	ASTA CANONICALINA	11. V Singleton	>100 1201 MIC, MY			
VS 150-REV. 1/1/65		10 10 60				



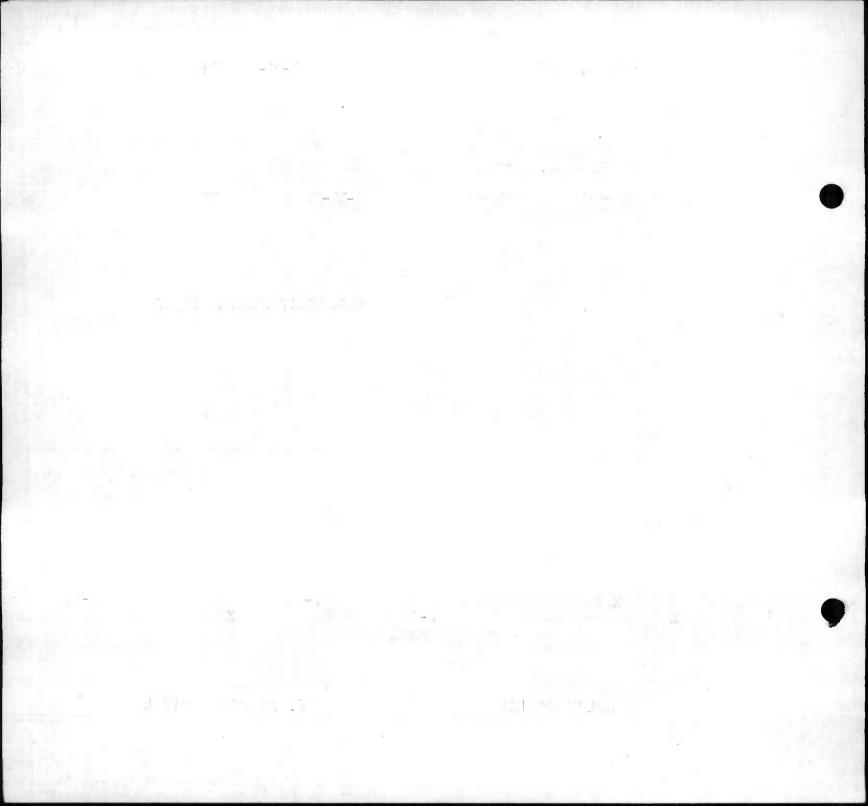
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

00 00014	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 00814
BIRTH NO. 66 00814	CERTIFICA	TE OF DEATH	Registered Na	00 00014
M.E. CASE NO. 1. NAME OF DECEASED	3 1 44 0	2. DATE ANI	HOUR OF DEATH	
(Type or Print) REPNADE	HEM.BORN	F-++ 1-	24-6	14:35 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	deceased lived. If instit	ution: residence before admission
FULL NAME OF (If not in haspital ar instit	ution, give street	1/1014	land	
HOSPITAL OR address or lacation)		C. CITY OR TOWN (If gots	side city limits, write RUR	AL and give tawnship)
3		D. STREET ADDRESS (If	MOPE	7/225
South Ballimore Ce	ENERAL HOSE.	2/1/11/87	LL. AVE	52-00
SEX G. RACE 7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH	. AGE (In years	Under 1 Yr., If Under 24 Hrs.
1. White	WIND W	1-30-1893	72	lanths Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KII done during most of working life, even it retired)	ND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or foreign	ountry)	2. CITIZEN OF WHAT COUNTRY?
Sorter-Laundry	None	Baltimo	re. Md.	USA
3. FATHERS NAME	11	14. MOTHER'S MAIDEN NAM	IE)	
Johnn Conn	$\varepsilon \parallel_{\mathcal{U}}$	Cath	Eline.	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no ar unknown) (If yes, give wor ar dates al ser	vice) V6. SOCIAL	17. INFORMANT		ADDRESS
No		Mrs. Mercedes R	. Davis 211	8th. Ave.
18.4.4.3 X I	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		YASCUD		
LEADING TO DEATH (This does not mean the mode all dying,	e.g., DUE TO	773000	,	
heart lailure, asthenia, etc. It means the dis	sease,	, , ,	/ 20	
injury or complication which coused death.) ANTECEDENT CAUSES	(8) 60	rebrol hemin	haze 20	
DISEASES OR CONDITIONS, il any,	DUE TO	0		
rise to the above cause (A) stating			35 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
UNDERLYING CONDITION last.				
Z CONTOUR				
OTHER SIGNIFICANT CONDITIONS CONTRIE TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED
WAS PERFORMED		YES	IN CERTIFYING CAUSE	S OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g.,	in at about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exoct location)
DEATH (notify medical exominer)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
S OF INJURY (APPROX.)	While At Not Wh			
			. //	
22. I certify that (F(this hospital) otter				- 24 19 66
that (##(we) lost saw the deceased olive	e on	19 <u>6</u> ond the	ot in (my) (our) apinle	n deoth accurred on the date
and hour and fram the causes stated abo	ove. (I) (We) (did) (did not)	view the body after death.		
23A. SIGNATURE	/			B. DATE SIGNED
Verner Affers	Den M.D. At	tending Med. ys. Director	Staff Phy s.	1-24-66.
23C. PHYSICIAN'S		23D. ADDRESS		
Verner Albertson	M.D. M.D	South Baltimor	re General Ho	snital
24A, BURIAL CREMATION, 24B, DATE	24C. NAME of CEMETERY OF CI			town, ar county) (State)
REMOVAL (Specify)				
	Holy Cross	25C. FUNERAL DIRECTOR	oklyn, A. A.	ADDRESS
JAN 25 1966 A.C.	En & Arabana	Me Cully	120	
	W WANTER	O We corre	130	E. Fort Ave
VS 150-REV. 1/1/65		- 197		



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	BALTIMORE CIT	Y HEALTH DEPARTMENT
	TH NO. 66 00815 CERTIFICA	ATE OF DEATH X Registered No. 66 00815
	E CASE NO. IAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Ty	Braitsch, Paula	1-22-66 3:15 PM 3:15 PM
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street	Md. B. COUNTY A - Co ,
	HOSPITAL OR oddiess of locotion) NSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
1	St. Agnes Hospital	Pasadena
6	Wilkens & Caton Avenues	D. STREET ADDRESS (If iuiol, give locotion)
	Baltimore, Maryland	115 Magnolia Avenue
5. 5	SEX 6. RACE 77. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in yeors If Under 1 Yr., If Under 24 Hrs.
	Female Vaucasian Widowed (specify)	6-11-93 lost birthdoy) Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COPNIAT?
uon	Housewife home	md. USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Edmind Dryen	anna Unbrose
	Was Deceased Ever in U. S. Armed Forces? s, no or unknown)(If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	The second in th	EMERGENCY ROOM RECORDS
-	18. CAUSE C	OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH	lat. Branchogneumonia ?
	(This does not mean the made of dying, e.g., DUE TO	A.L.LL
	heart foilure, asthenia, etc. It means the disease, injury ar camplication which coused death.)	1 5 6 115
	ANTECEDENT CAUSES (B)	H.S.C.V.13.
	DISEASES OR CONDITIONS, if any, giving	Cong. Heart Failure
	rise to the above cause (A) stating the (C)	CONG. HEAVET TAILURE
	UNDERLYING CONDITION 10 st.	
-	11	
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
AT	DISEASE OR CONDITION CAUSING IT.	
RTIFIC	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ERT	×	YES
1	OR CONTRIBUTING CAUSE OF home, form, foctory, street,	in or about 21 C. WHERE DID (If in Baltimore City, give exact location) office bldgs, INJURY OCCUR?
CAL	DEATH (notify medical examiner) etc.)	
EDI	21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
S	(APPROX.) While At Work At Work	
	22. I certify that 00 (this hospital) attended the deceased fram	1-22 19 66 10 1-22, 66
	that (M (we) last saw the deceased alive an 1-22	19 66 and that in (A) (aur) apinian death accurred on the da
	and haur and from the causes stated above. (We) (dld) (XiX XX)	view the bady after death.
	23A. SIGNATURE	238, DATE SIGNED
	Stall & Well M.D. A.	thending Med. Stoff Phys Director Phys D
	23C. PHYSICIAN'S	23D. ADDRESS
	NAME (Type)	
	RALPH UPDIKE M.D	SI. Adites 11051 11AL
24#	A. BURIAL CREMATION, 24B. DATE 24C. NAMP OF CEMETERY OF CE	REMATORY 24D. LOCATION (City, town, or county) (State)
	Durial 1-27-66 London	Vail em. Dalk Med
25 A	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C FUNERAL DIRECTOR APQRESS
1	JAN 25 1966 (P. C. & Jankana)	Color of Congress of the
VS	150-REV. 1/1/65	All I will your
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IMPORTANT DIRECTOR: FUNERAL

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VS 150-REV. 1/1/65

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D.O.A.

Was

shows: (1) eceased

th occurred in a hospital and contributing cause of death etermined cause; (5) Deceased

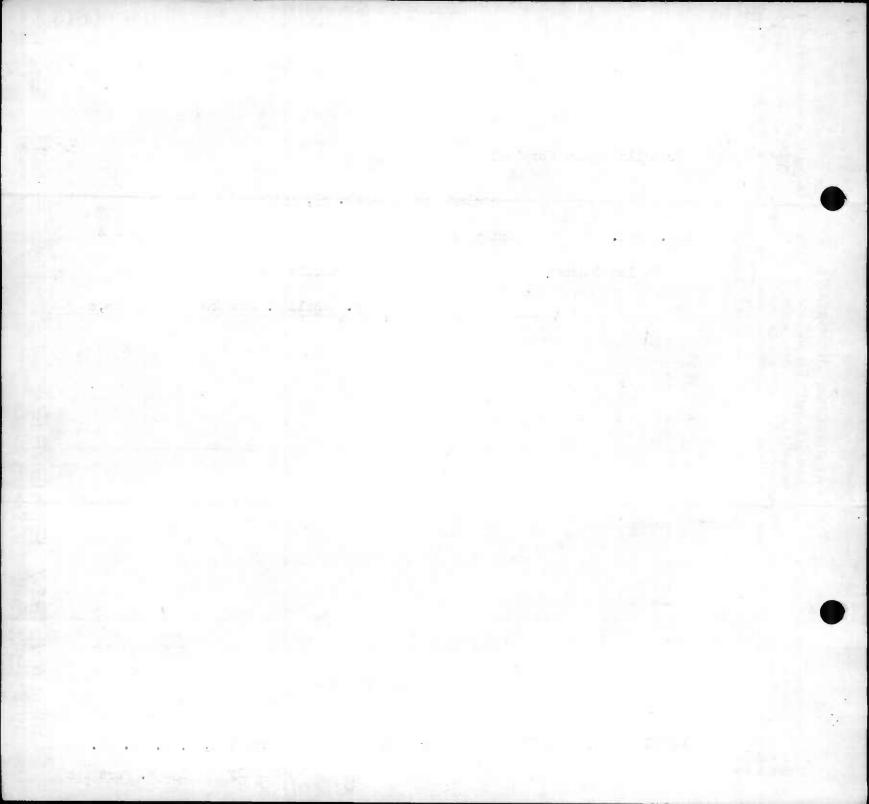
death

assistant if

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type of Print) PL C. JOHN SON

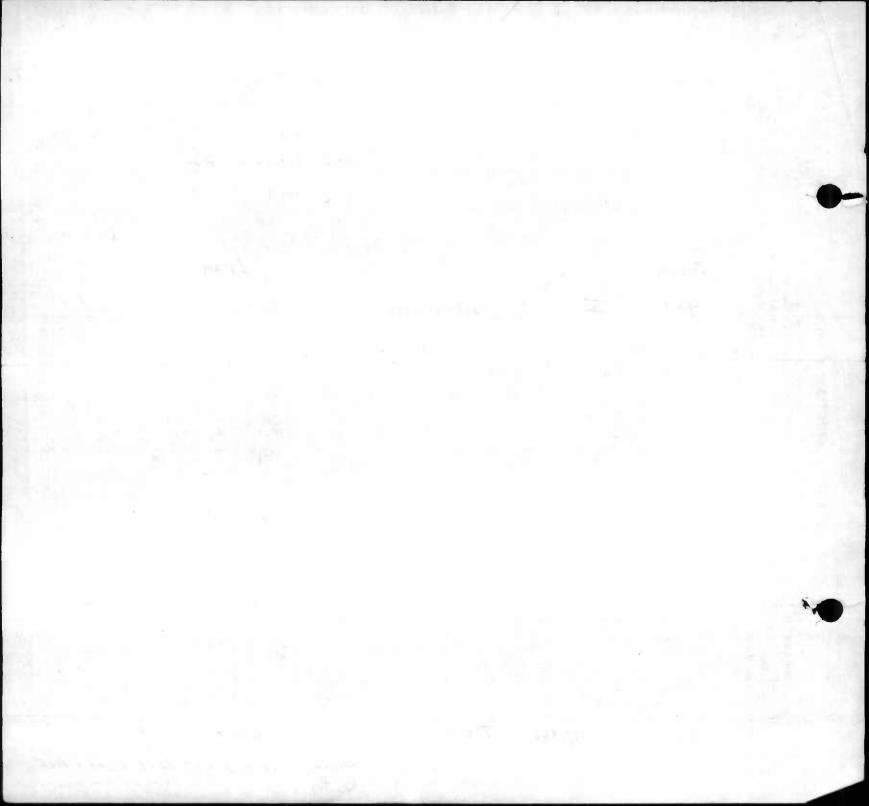
3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceased lived. If institution: residence before FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Franklin Square Hospital HENRIETTA made. 9. AGE (In years 6. RACE 7. MARRIED, NEVER MARRIED If Under 1 Yr. Months: Doys If Under 24 Hrs. 5. SEX WIDQWED, DIVORCED (specify) Hours Married Feb. 25, 1917 18

100. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) disposition is 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) WEST USA Extracts Lab. Tech. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Taylor Johnson Bessie Hilkie 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. Mr. Ronald C. Johnson No Same CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med HEMORRHAGE 3 days LEADING TO DEATH (This does not mean the made of dying, e.g., embal heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) (B) HYPERTENSION - RENAL ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last. the remains ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ERTIFIC, 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 20 B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lorm, loctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) Ū DEATH (notily medical examined MEDIC! obtained 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY Not While While At (APPROX.) At Work Work 22, I certify that (1) (this hospital) attended the deceased from ________ that (I) (we) lost sow the deceased alive on ... _____19____ond that in(my) (our) opinion death occurred on the date pe and haur and from the causes stoted above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED ilfredo M. mediano Attending Med. Stoll Phys. Phys. approval 23C. PHYSICIAN 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specily) written Burial 1 26 1966 Brooklyn, A. A. Co. Md. 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR



VS 150-REV. 1/1/65

	BALTIMORE CITY	Y HEALTH DEPARTMENT	66 00817
BIRTH NO. 66 (10817	CERTIFICA	TE OF DEATH Registered No.	00 00017
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	1	2. DATE AND HOUR OF DEAT	н
Coven	acou	1-24-66	10 A M.
3. PLACE OF DEATH IN BALTIMORE, MA	KITLAND	A. STATE B. COUNTY	institution: residence before odmission)
HOSPITAL OR oddress or location		C. CITY OR TOWN (If autside city limits, writ	
SINAI HOSP	OF BALTIMORE	Bolt, more D. STREET ADDRESS (If rural, give location)	15-12-
		2902 NORFOLK AUE	
5. SEX 6. RACE	MARRIED NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of wor	LINE WALL OF BUSINESS OF INDUSTRY	1890-MM4 1 1/6	12. CITIZEN OF
done during most of working lite, even if retired)	A BUSINESS OR INDUSTRI	TIT. BIRTHPLACE (Store or foreign Country)	WHAT COUNTRY?
	returns	Russia	Z.S.A.
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	
Chaim		LEAD	
15. Was Deceased Ever in U. S. Armed Fo (Yes, na arunknawn) (It yes, give war ar date	rces? 16. SOCIAL		ADDRESS
(Yes, no or unknown) (It yes, give war ar date	es of service) SECURITY NO.	17. INFORMANT Harry M Walen 535	6 Carriage at
18. //	218-32-1483	OF DEATH	MILE 2127 9
4000		DE DEATH	ONSET AND DEATH
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(This does not meen the mode of heart failure, asthenia, etc. If means injury or complication which causes ANTECEDENT CAUSES DISEASES OR CONDITIONS, if	s the disease, death.) (B) DUE TO	ASC VP	man years
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OF INJURY	While At Work		
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that (1) (we) lost sow the decease	ed olive on 1-24-66	ond that (my) (our) a	plnion death occurred on the date
	ted above (I) (We) (did) (did nat)	view the body ofter death.	
23A. SIGNATURE			238. DATE SIGNED
23C. PHYSICIANS	Maler M.D. Att	rending Med. Statt Phys. 23 D. ADDRESS	1-24-66
NAME (Type) M. U	JALEN M.D.	5351 Carriage	ct. Balto. med
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CE	EMATORY 24D. LOCATION BG L TO	(City, fawn, or county) (State)
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JAN 25 1966	P. O. Fr. E. Fallen	SYLVAN S. LEWIS + SON	3319 Olympia AUE



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

TAKE COLD THE MATERIAN OF THE PART PART AND THE MATERIAN OF TH		BALTIMORE CIT	TY HEALTH DEPARTMENT		00 00516			
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ond hour ond from the couses stoted obave. M(We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE 23A. SIGNATURE A.D. Attending Med. Stoff Director Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) OUIS Krause 23D. ADDRESS M.D. 24D. LOCATION (City, town, or county) BORISE 24C. NAME of CEMETERY of CREMATORY BORISE 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRECTOR	, ,		2 4 4	77				
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Janus Krause M.D. Attending Med. Director Direct		ive. (We) (did) (did not)	view the body ofter death.					
BORISH DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25 1966 DATE 24C. NAME OF REMOVAL (Specify) 24B. DATE 25C. FUNERAL DIRECTOR 35. LEWIS + SON - 3519 OLYMPIA ADDRESS AD		M.D. A	ttending Med	Stoff				
BORISH DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25 1966 DATE 24C. NAME OF REMOVAL (Specify) 24B. DATE 25C. FUNERAL DIRECTOR 35. LEWIS + SON - 3519 OLYMPIA ADDRESS AD	Jaus Mai	cel PI	hys. Director	Phy s.	Sen. 23, 166			
REMOVAL (Specify) 1/24/1966 POSE dele BORISTO MD 25A. DATE REC'D BY HEALTH DEPT. JAN 25 1966 POSE DELEGISTRAN SYLVEN S. LEWIS + SON - 3 519 OLYMPIR AUG	NAME (Type) LOUIS Kiral	ise, m.e						
BORISL 1/24/1966 VPOSEDECE BELTO SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR JAN 25 1966 PARTE SALEMAN S. LEWIS + SON - 3 519 OLYMPIA AUG		AC. NAME of CEMETERY OF C	REMATORY 24D. L	OCATION (Cit				
JAN 25 1966 PARTE SALESTAR SECOND STREET STEED ADDRESS	6/2.11.01/	Vrosedale	7					
JAN 25 1966 P. Cartiel January Sylvan S. Lewis + Son - 3 519 OLYMPIA Ave		AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS			
The state of the s	1011 0 0 00 000 0	1 1 40 11	SYLOAN S. LEW	15 + SON - 3	1819 OLYMPIA AUE			
	VS 150-REV. 1/1/65	PALSON MARKET TO A STATE OF THE PARTY OF THE	0-8 1-7					

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This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT				
BIRTH NO. M.E. CASE NO. CERTIFICATE OF DEATH Registered No. 66 00819				
1. NAME OF DECEASED				
G-21.66 1.10 4.				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmissi A. STATE B. COUNTY				
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION (If not in hospital or institution, give street oddress or location) (C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
MERCY HOSPITAL CATONSVILLE				
J. STREET ADDRESS				
28 N. SYMINGTON AVE.				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MAY 9. 1906 9. AGE (In yeors lost birthday) Months: Doys Hours Min				
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)				
done during most of working lite, even if retired) WELDER KOPPERS CO. MD.				
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME				
GEORGE W. YOX MARY A. MURRAY				
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS				
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 213-1-1366 The Seage A. yox, & name of service of servic				
18. S S INTERVAL BETWEEN				
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (A) Cerebral Jufarction ONSET AND DEATH				
LEADING TO DEATH				
l linis does not mean the made at dying, e.g., DUF TO				
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the				
ANTECEDENT CAUSES (B) DUE TO				
DISEASES OR CONDITIONS, if any, giving Atherosclerotic cerebroles what observe				
rise to the obove cause (A) stoling the (C) // UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION [204. AUTOPSY? (Yes or No!) 208. IF YES, WERE FINDINGS CONSIDERED				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION (YES OF No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) CONTRIBUTING CAUSE OF Control of the property of the p				
D 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?				
♥ OF INJURY White At Not While				
Work At Work				
22. I certify that M (this hospital) attended the deceased fram JAN - 18 19 66 to JAN 21 19 66				
that # (we) last saw the deceased alive an 1-21- 19 66 and that in (aur) apinian death accurred an the				
and haur and fram the causes stated abave. (#) (We) (did) (did (did) view the bady after death.				
23A. SIGNATURE 23B. DATE SIGNED				
Joseph Molorangelo M.D. Attending Med. Stoff Phys. 1-21-1966				
23C. PHYSICIAN'S NAME (Type) TO SER H NOTARAN (FLO) 23D. ADDRESS AA FR (Y HOS PITTAL				
NAME (Type) JOSEPH NOTARANGELO M.D. MERCY HOSPITAL				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote				
Bevial 1-24-66 Toperous Cineles Carroll Co. Md.				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 250-PINERAL DIRECTOR				
JAN 25 1966 P. O. J. E. Stadenty Jack (Comment 1/7 /601 Breket &				
VS 150-REV. 1/1/65				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote Price of Control of County) (Stote Control of Contro				
VS 150-REV. 1/1/65				

and the second second second second I product when the Links as a L MERCH WOLFILLIE JOSEPH NOTHINKECTO

EXAMINER'S

NAME (Type) 23A. BURIAL CREMATION, REMOVAL (Specify) Removal

VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT.

Charles S. Petty, M.D.

248, NAME OF REGISTRAR

Jan. 22, 1966

23B. DATE

23C. NAME OF CEMETERY OF CREMATORY

66 00820	BALTIMORE CITY HEA	LTH DEPARTMENT	CC 00000		
BIRTH NO. MEDI	CAL EXAMINER'S C	ERTIFICATE OF DEATH Register	ed Na.		
M.E. CASE NO.		X			
NAME OF DECEASED Type or Print)		2. DATE AND HOUR PRONOUNCE	D DEAD		
JAMES	MASON BROOKS	January 20, 1966	12:15 P M.		
3. PLACE IN BALTIMORE, MARYLAND, WI		4. USUAL RESIDENCE (Where deceased lived, If instite B. COUR Harfo	ution: residence before admission) NTY		
FULL NAME OF (IF NOT IN HOSPITA HOSPITALITY TAPPERS OF LOGICA	L OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write	RURAL and give township)		
WERTIFICAT	E AMENDED	Joppa	62-00		
Mercy Hospital	1/28/66	D. STREET ADDRESS (If rurol, give focotion) 1814 Hanson Road			
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.		
Male White	WIDOWED, DIVORCED(specify) Never Married	Dec. 27, 1942 lost birthdoy! 23	Months, Days, Hours, Min.		
on USUAL OCCUPATION (Give kind of work lone during most of working life, even if refired) Draftsman	Public Service	Chio	12. CITIZEN OF WHAT COUNTRY?		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Lester Howard Broo	ks	Edith May Koerber			
5. WAS DECEASED EVER IN U.S. ARMED		17. INFORMANT	ADDRESS		
Yes, no orunknown) (If yes, give wor or date:	213-42-3693	Mrs. Edith M. Brooks, 1814	Hanson Road, Joppa		
Olsease Or Condition Directly LEADING TO DEATH (This does not meen the mode of dying e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Congenital Heart Disease (Interventricular (A) Congenital Heart Disease (Interventricular (B) DUE TO DUE TO					
Z .	(C)				
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING USAS PERF	ATED TO THE				
19A, DATE OF OPERATION 19B, CON WAS PERF		20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FIN IN CERTIFYING CAUSI			
21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (Iff in Boltimore City, give office bidg., INJURY OCCUR?	e exoct focotion)		
OF INJURY (APPROX.)		WHILE ORK			
22. I certify that I held an Ir		tapsy X and that an this basis, death in my			
ACTUAL SIGNATURE EYAMINEP'S		CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED 1/21/66		

ASSOCIATE MEDICAL EXAMINER

23D. LOCATION

East Liverpool, Ohio

Howard K. McComas & Son, Abingdon, Md.

(City, town, or county)

(State)

letter from funeral director. 1-28-66 cpb

25

VS 150-REV. 1/1/65

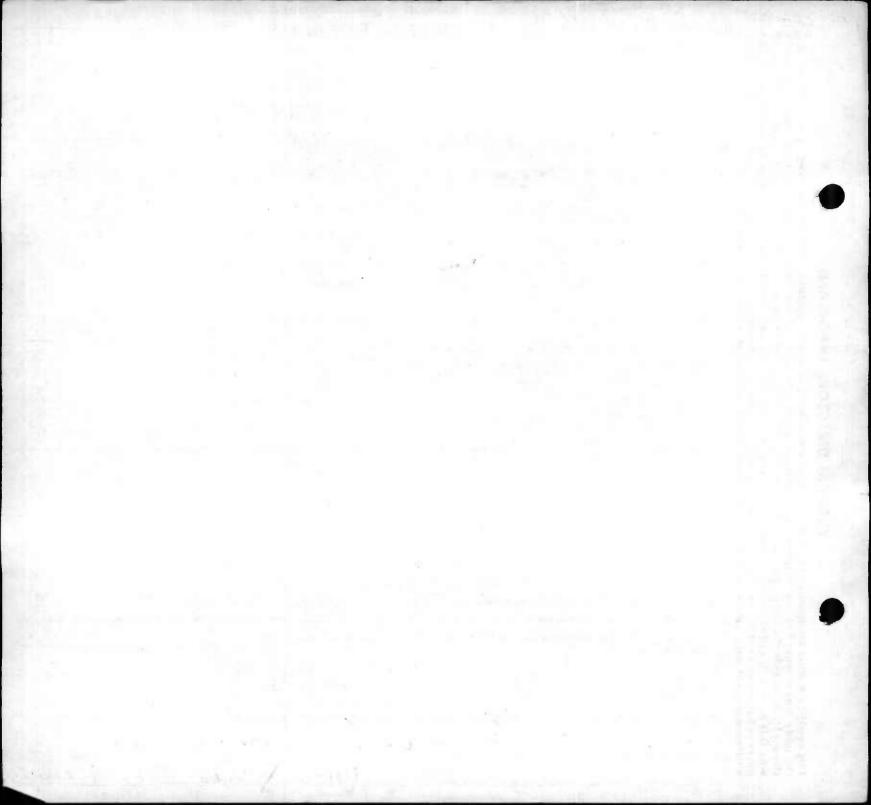
P. J. Sant Ca. S. Edward Joseph 3736 Wast marker It. 21218 N Omorical -4 E0/E3/P medicalneral Jan. 19, Jan. 14, 66 Jan. 19.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

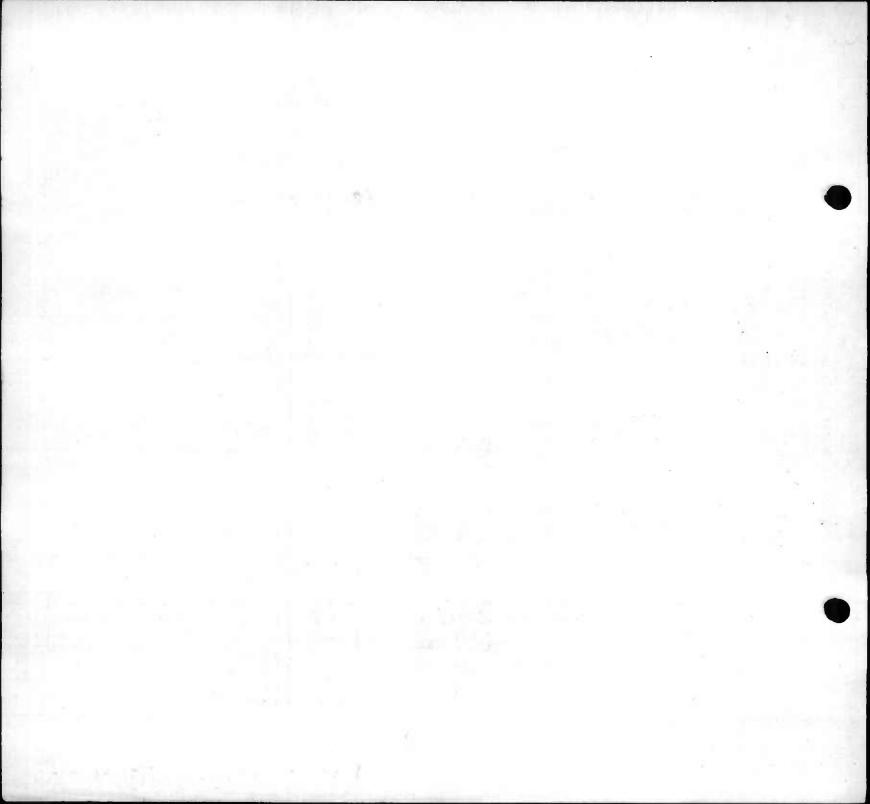
п		HEALTH DEPARTMENT	60 AUEBO
	M.E. CASE NO.	E OF DEATH Registered No.	66 00822
		2. DATE AND HOUR OF DEATH 1-23-66 4. USUAL RESIDENCE (Where deceased lived. If institu	13 45 A.M. tion: residence before admission)
	FULL NAME OF (If not in hospitol or institution, give street	A. STATE B. COUNTY MOUSE B. COUNTY C. CITY OR JOYN (If outside city limits, write RURA	AL and give township)
4	Tunion menurual Hospetal	D. STREET ADDRESS (If rurol, give locatiog) 3700 N. Charles S	T.
	made with widowed, pivorced (specify)	DATE OF BIRTH 9. AGE (In years lost binhay) AM	Under 1 Yr. If Under 24 Hrs. Onths: Doys Hours Min.
	done during most of working life, even if retired) Food Brooker Self employed	Scranton, Pennsylvania 4. MOTHERS MAIDEN NAME	CUSA
	PATRICK HOGAN	CATHERINE 7. INFORMANT	ADDRESS
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 215-24-1170	Mrs. Hsie Hogan 3200 A	away Apt.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	PTICETLIA	INTERVAL BETWEEN ONSET AND DEATH
	heart failure, asthenia, etc. It means the disease,		
	DISEASES OR CONDITIONS, if any, giving	ONARY TUBERCULOSIS	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g., in condition)	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinar)	or obout 21C. WHERE DID (If in Boltimofe Cit	y, give exact tocation)
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While At Not White Work At Work	21F. HOW DID INJURY OCCUR?	
	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on	1- 7 19 66 to 1-	23 1966,
	and haur and fram the causes stated abave. (I) (We) (did) (did nat) vie	238	DATE SIGNED
	// 4/1 V V	D. ADDRESS THE UNION MEMORIAL H	IOSPITAL
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM REMOVAL (Specify) Burial 1/26/1966 Druid Ridge Ceme 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Carlot Carlot	e ADDRESS
	JAN 25 1966 P. Part, 2. Sarfagent	TOGNERS! - BALTIMO	. /

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final dismosition is made. FUNERAL DIRECTOR: IMPORTANT

1-6-30368	BALTIMORE CITY	HEALTH DEPARTMENT		21101151
BIRTH NO. 66 00823	CERTIFICA	TE OF DEATH	Registered Na.	66 00823
M.E CASE NO. 1. NAME OF DECEASED (Type or Print) COLE) MICO	chelle	2. DATE AND	HOUR OF DEATH	1 8:30 A.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT		tution: residence before admission)
FULL NAME OF (If not in hospital or institution, HOSPITAL OR oddress or locofion)	give street	C. CITY OR TOWN (If outs	JA ide city limits, write RU	RAL ond give township)
1/2	1	BALTIN	ore	
2 Sinai Hospita		HOUSE A	enol, give location) PAUFORT	ave.
	D, NEVER MARRIED D, DIVORCED (specify) The may 72 a		AGE (In years ost birthday)	If Under 1 Yr. If Under 24 Hrs.
done during most of working life, even if refired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreig	n country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	^ '	14. MOTHERS MAIDEN NAM	E	USIT
AluiN	Cole	Debok	RA	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or usknown) (If yes, give war ar dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
18. // / 3 X I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	T MINING	Daguman	2.0	°>
(This does not mean the mode of dying, e.g.,	. S I DUE TO	Heursoy	,,,,,	\$ to 135
heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)	PPP .			
ANTECEDENT CAUSES	Z DUE TO			
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the	071.9			
UNDERLYING CONDITION losi.	E Miss		8	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	HE CHEE			
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?
	ne, form, factory, street, o	n or obout 21 C. WHERE DID	(If in Boltimore C	City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E	. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)	hile At Not While At Work			
22. 1 certify that (1) (this hospital) attended t	the deceased fram	1/22 15	60 10 1	1966
that (1) (we) last saw the deceased alive an	new	19and tha	in(my) (aur) apini	on death occurred an the date
and hour and fram the causes stated abave. ((We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATURE	M.D. Atte	ending Med. S	toff	B. DATE NIGNED
23C. PHYSICIAN'S		s. Director P	hys.	1/2/66
SANTORD LEI	VIN M.D.	Sihac	Hospit	ali
24A. BURIAL CREMATION, 24B. DATE 24C.N	AME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	town, or county) (State)
BURIAL 1-25-66 1	MT. Aubu	rn b	A No.	Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME (OF REGISTRAR	25C. FUNERAL DIRECTOR	O.T. I	H. 1701 LAUren
VS 150-REV. 1/1/65		MORTON &	syell 1.	F. 1701 KAUPEN



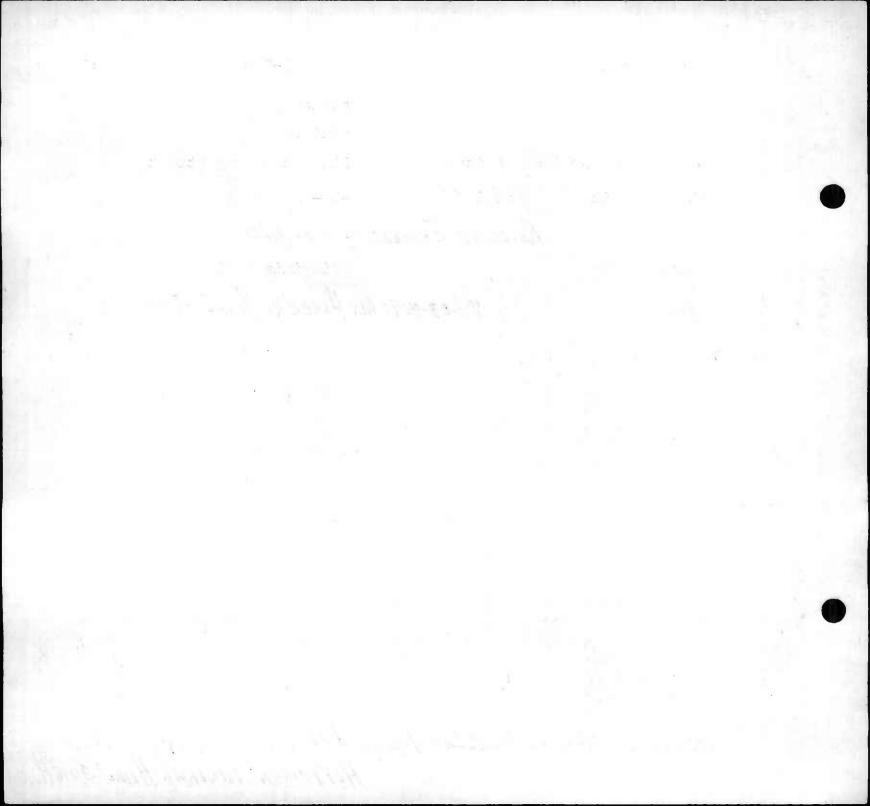
66 00824	BALTIMORE CIT	Y HEALTH DEPARTMENT		66 00824
BIRTH NO, M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na.	00 00024
1. NAME OF DECEASED Barbara	Mc Gill	Pack 1.2	HOUR OF DEATH	1 12.30 a
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If i	institution: residence before admiss
		A. STATE B. COUNT	Υ	1107
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) INSTITUTION		C. CITY OR TOWN (If outside city limits, write RURAL and give township)		
Lutheran Harm			rol, give location)	
		3116 Bal	rer St.	
	RIED, NEVER MARRIED		AGE (In yeors	If Under 1 Yr. If Under 24 Months: Doys Hours Min
F N WID	OWED, DIVORCED (specify)	1 1 1 1 1 2 1 2	23 41.	Months Doys Hours Mi
10A. USUAL OCCUPATION (Give kind of work 10B. KIN		100		12. CITIZEN OF
done during most of working life, even if retired)	o or bounting or moogra	7 - 4	ii coomiy,	WHAT COUNTRY?
NONE.		Mountage	e.	11. S. A
13. FATHER'S NAME		14. MOTHERS MAIDEN NAM	E	
0 - 8 6	7	PT1	TI	
5. Was Deceased Ever in U. S. Armed Forces?	14 606111	17, INFORMANT	JOHNSO	N
Yes, no or unknown) (If yes, give wor or dotes of sen	rice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
-9.41		NoTher	2309	James Fra
18. 7044	CAUSE		70-1	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH		2.0.71	-	
(This does not mean the mode of dying,	e.g., QUE TO	Bulacute he	morting	2
heart failure, asthenio, etc. It means the dis-	ease,			
injury ar camplication which caused death.)				
ANTECEDENT CAUSES	DUE TO	20 v d decension de common		~ ************************************
DISEASES OR CONDITIONS, if any, g	iving			
uise to the abave cause (A) stating UNDERLYING CONDITION last.	the (C)) () () a man () m m m m m m m m m m m m m m m m m m	
CHEERLING CONDITION IGST.				
Z OTHER SIGNIFICANT CONDITIONS CONTRIB				
OTHER SIGNIFICANT CONDITIONS CONTRIBI	O THE			
DISEASE OR CONDITION CAUSING IT.		1904	000	
PARTE OF OPERATION 198. CONDITION WAS PERFORMED	TOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	HINDINGS CONSIDERED
O THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING				
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, form, foctory, street,	office bldg., INJURY OCCUR?	(If in Boltimor	re City, give exact location)
DEATH (notify medical examiner)	etc.)			
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
ĕ OF INJURY (APPROX)	While At Not Whi			
(AFFRUA)	Work At Work			
22. I certify that (I) (this hospital) attend	led the deceased from	1. 6 19	66 10 1	2 3 1966
that (I) (we) last saw the deceased alive		19 66	in(mu) (mus):	inian dank an array i array
			m(my) (dur) ap	inion death accurred an the
and haur and fram the causes stated obay	ve. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE				23B, DATE SIGNED
t. allo	M.D. At	ending Med. S	loff hys.	1.23.66
23C. PHYSICIAN'S //		23 D. ADDRESS	,,-	
NAME (Type) Fadhal Al	bbousy	1 . Theren	- Hays	,
	/ M.D.	2 300 0 100	1100	
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY of CR	EMATORY 24D. LO	CATION (C	ity, town, or county) (Stat
BURIOL 1-26-66	A. h.T. M.	. a A	2 +	Md
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Outus	ADDRESS
	- 6 7 6	A 4	0 =	10.
JAN 25 1966 AL. C.	W. C. Victorian	MORTON:	+ V 4211	1/01 Laurens
/S 150-REV. 1/1/65				



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THE

BIRTH NO. 66 00825 CERTIFICATE OF DEATH Registered No.	66 00825			
	00 00050			
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Charles Young 2. Date and Hour of Death 1-20-66	6 00			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, II i	4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission			
A. STATE B. CDUNTY	01			
FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION (If not in hospital or institution, give street oddress or location) INSTITUTION (If not in hospital or institution, give street oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
Baltimore D. STREET ADDRESS (If rurol, give locotion)	Baltimore D. STREET ADDRESS (If rurol, give lacotion)			
LThe Kohns Hopkins Hospital 3118 McElderry Stre	eet			
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 9-16-85 80	If Under 1 Yr. If Under 24 H Manths Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
done during most of working life, even if retired) Railulay France MARYLAND	11.5.4			
3. FATHERS NAME	01.011.			
Clark Young Virginia Fogle	Virginia Fogle			
5. Was Deceased Ever in U. S. Armed Forces? Yes, no ar unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	ADDRESS			
NO 714-03-4090 MR. HERBERT YOUNG 31	118 MCELDERR			
1B. S 28 XI CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH (This does not mean the made of dying, e.g., (This does not mean the made of dying, e.g.,	vere 6 years			
heart laiture, asthenia, etc. 11 means the disease,				
injury or complication which coused death.) ANTECEDENT CAUSES (B) Probable intermittent gi b	leeding 6 years			
DUE TD	one e e e e e e e e e e e e e e e e e e			
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the				
UNDERLYING CONDITION losi.	ru arunaru aru k ana na na 0 na na na na 0 na na na 0°0 na 0°0 0°0 0°0 0°0 0°0 0°0 0°0 0°0 0°0 0°			
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OR CONTRIBUTING CAUSE OF Lorm, foctory, street, olfice bldg., INJURY OCCUR? OR CONTRIBUTING (Month) (Day) (Year) (Hour) OF INJURY (APPRDX.) OR CONTRIBUTING (AND AND AND AND AND AND AND AND AND AND				
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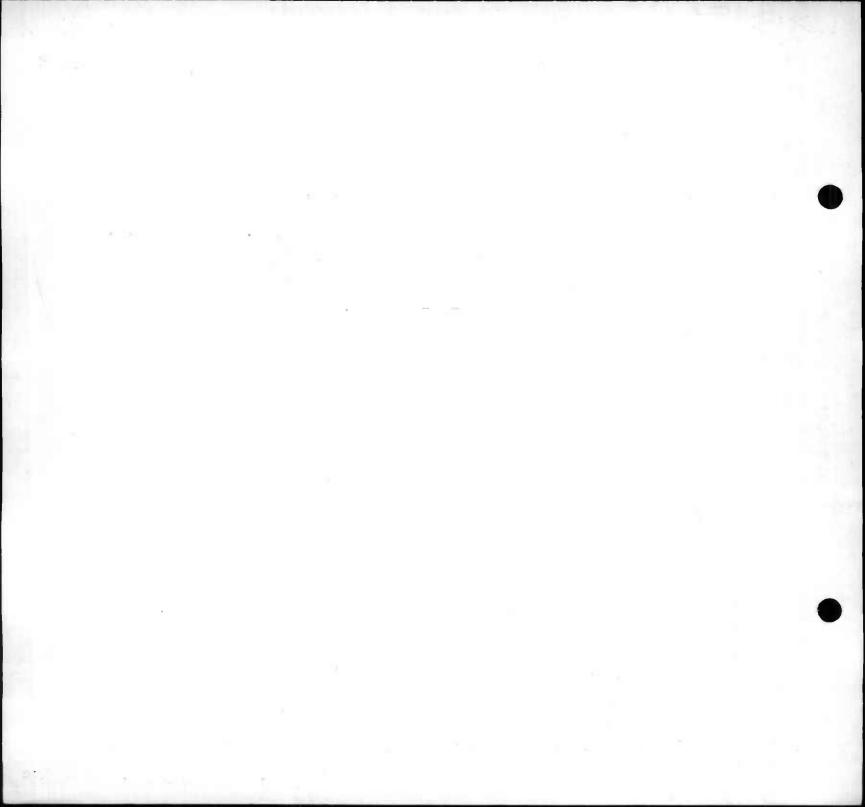
VS 150-REV. 1/1/65

	BALTIMORE CIT	TY HEALTH DEPARTMENT	66 00826	3
- 11	BIRTH NO. 66 00826 CERTIFICA	ATE OF DEATH	Registered Na.	
- 11	M.E. CASE NO. I.NAME OF DECEASED Type or Prini)	2. DATE AN	D HOUR OF DEATH	- 20
Ш	PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (When	19.1966 5,45	P. M.
	S. PLACE OF DEATH IN BALTIMORE, MARILAND	A. STATE B. COUN	e deceased lived. If institution; residence before	odmission)
	FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION	C. CITY OR TOWN (If our	side city limits, write RURAL and give township)	
0	0 741 S. POTOMAC ST.	D. STREET ADDRESS (III	ORE rurol, give location)	
		2906 E. 1	PRATT ST.	
	S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		9. AGE (In years If Under 1 Yr. If Und last birthday) Months Days Hours	er 24 Hrs. Min.
	10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTION done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or larei	gn country) 12. CITIZEN OF WHAT COUNTRY?	
	HOUSEWIFE	MARYLAND	J. S. 1	4
	Heaved Kasilles	Ender ita	, ,	
	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	- LUDWIG ADDRESS	
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECÜRITY NO.	MRS. MARIE L	Aul 741 S. Potonia	10 57
	IB. Hall CAUSE	OF DEATH	INTERVAL BETV ONSET AND D	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	eriescleretic		
	(This does not mean the mode of dying, e.g., DUE TO	-vascular Disc	8.89	> + + m m + + + + + + + + + + + + + + +
	heart failure, osthenia, etc. It means the disease, injury or complication which coused death.)			
	ANTECEDENT CAUSES (B) DUE TO			
	DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) stating the (C)			
	UNDERLYING CONDITION last.			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	No.	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
	OR CONTRIBUTING CAUSE OF home, form, foctory, street,	, in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)	,
		015 110 11 015 1111		
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While A1 Not W Work At Wo		ORY OCCOR!	
	22. I certify that (I) (this hospital) attended the deceased fram		19 58 to Jan. 18 1	9.66
	that (1) (we)-last saw the deceased alive an JRD 18			
	and haur and from the causes stated above. (1) (We) (did) (did mat)	view the body after death.		
	Carne W. LDoup M.D. A	ttending Med.	Stoff 1/21/66	
	23C.PHYSICIAN'S NAME (Type) Clarence W. LeDoux M.E	23D. ADDRESS	rn Ave.	
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C		OCATION (City, town, or county)	(State)
	PEMOVAL (Specify) 1-22-66 / DIADON POP	L CENTTER 1-	BUTIMORE	mr
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS ADDRESS	11.
	JAN 25 1986 (P. 03 662, starley 1943	MOFFMANN	FUNERAL HOME 3218	HUDS

0]	00 00002	BALTIMORE C	ITY HEALTH DEPARTMENT		00 00000			
94	BIRTH NO. 66 00827	CERTIFIC	ATE OF DEATH	Registered No	66 00×27			
Such	M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH					
	(Type of Print) Ada News		January 21, 1966 9:40 P M					
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COL	here deceased lived. If in:	stitution: residence before admission)			
to de	FULL NAME OF (If not in hospital at institution, g HOSPITAL OR oddress at lacation) INSTITUTION	give street	Maryland C. CITY OR TOWN (If outside city limits, write RURAL ond give ownship)					
rior	2027 Wheeler Ave		D. STREET ADDRESS	Baltimore D. STREET ADDRESS (If inio), give location) 2027 Wheeler Ave				
regular eased pi is made.	S. SEX 6. RACE 7. MARRIED. Female Colored Married.	NEVER MARRIED , DIVORCED (specify)	June 4,1899	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.			
000	done during most of working life, even if retired) Domestic Private Family		1111	reign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A			
S +: G	Domestic Privat		Ableville, S.C U.S.A					
was the sposit								
י די ופו	William Dixon		Minnie ?					
= 0	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no at unknown) (If yes, give war at dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
nounced dea attendance Imed or final	No 2	14-24-490	Mr. Eugene	News 2027	Wheeler Ave			
Par	18. / 7. 2 Y = / 1 - 2 E = 2	1	OF DEATH		INTERVAL BETWEEN			
o p	DISEASE OR CONDITION DIRECTLY	0		- + \iT	ONSET AND DEATH			
itt ne	LEADING TO DEATH	(A) Co	brosaranomo o	I no Menus	12			
pronounced ular attenda mbalmed or	(This daes not meon the made of dying, e.g., heard failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO	i melale					
0 0 0	ANTECEDENT CAUSES	(B)						
400	DISEASES OR CONDITIONS, if ony, giving							
E .E S	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)						
asa	4.6							
physician an was in remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		later drellitus		16 m.			
re the phy physician fore the re	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	VHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?			
	O 21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF hom	e, form, foctory, street	g., in ar about 21C. WHERE DID, affice bldg., INJURY OCCUR?	(If in Baltimare	City, give exoct lacation)			
hospital (except when to death); and (6) No in must be obtained be	O 21 D. TIME (Manth) (Day) (Year) (Hour) 21 E. OF INJURY (APPROX.)							
nd ta	Wor			/ . =				
l (ex); all be ob	22. I certify that (I) (this hospital) attended the that (I) (and last saw the deceased alive an	ne deceosed fram	F 19 6 4 ond	that in (my) (our) api	nian death accurred on the date			
atl	ond hour and from the couses stated above. (I) (We) (did) (did no	t) view the body ofter deoth	٦.				
de	23A. SIGNATURE				23B. DATE SIGNED			
4 0 5	Roland I Smoot	M.D.	Attending Med. Phys. Director	Staff Phy s.	1/24/66			
rior	23C.PHYSICIAN'S NAME (Type) ROLAND 7. SMOOT	M	23D. ADDRESS .D. 3817 Cana	land B	et 15- ma			
d P		ME of CEMETERY of	CREMATORY 24D.	TOCATION (C)	ty, town, or county) (State)			
ceased printen app	REMOVAL (Specify)	utus Memor		butus Bal	to Co. Md			
was dece writ	2SA. DATE REC'D BY HEALTH DEPT. 2SB. NAME C	F REGISTRAR	25C. FUNERAL DIRECT		ADDRESS North Ave			

24D. TOCATION 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY (City, town, or county) (Stote) 25A. DATE REC'D BY HEALTH DEPT.

JAN 25 1966 Park Arbutus 66 Arbutus Memorial Co. Md Balto E. Nutter 3035 W. North



Such

to death.

prior

a hospital and

		BALTIMORE CITY	HEALTH DEPARTMENT		CC 80000
	H NO. 66 00828	CERTIFICA	TE OF DEATH	Registered No.	66 00828
1, N	AME OF DECEASED	-	2. DATE AND	HOUR OF DEATH	
(Ту;	e or Print) ANNA Venle	ne	1.2	3.66	12.20 P.N
3. 1	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived, If instit	lution: residence befare admission)
			A. STATE 8. COUNT	4	1000
	ULL NAME OF ((f not in hospital or institut)	on, give street	Maryland		0 0
	NSTITUTION Oddress of locosion/		C. CITY OR TOWN (If outs		RAL and give township)
11	1 . 71 2 11	22.7.0	Ballema	ئە	
14	2 Leitheran H.	espec of		urol, give locotion)	
			415 N. CODE	by Care	921.
5. 5	EX 6. RACE 7. MARR	IED, NEVER MARRIED	8. DATE OF BIRTH	, AGE (In years	II Under 1 Yr. If Under 24 Hrs. Aonths: Doys Hours Min.
	Temale Colored Wido				Aonths Doys Hours Min.
43	1 ///	ARRIED		65	
	USUAL OCCUPATION (Give kind of work 10B, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
		ome	Charlottevill	e Va.	U.S.A.
	FATHER'S NAME	JIIIG	14. MOTHER'S MAIDEN NAM	\E	
	Allen Watson		Annie		
15. (Ye:	Was Deceased Ever in U. S. Armed Farces? s,no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		320011111101	Gerald Ventur	e-3401 Duv	all Ave.
_	18.) / t	CAUSE O			INTERVAL BETWEEN
	Z O V X	0,000	. DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		D: 1-		
ļ	(This does not meen the mode of dying,	(A)	Diabetis	*-*	
	heart failure, asthenia, etc. It means the dise	ose,	4		
	injury or complication which caused death.)		1	rho.	
	ANTECEDENT CAUSES	DUE TO	ryper cercio	1,	
	DISEASES OR CONDITIONS, if ony, give	ring	**		
	rise to the above couse (A) stoting	the (C)	nema		
	UNDERLYING CONDITION lost.				
_	II .				
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	TING			
CERTIFICATION	DISEASE OR CONDITION CAUSING IT.				
표	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	10 CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?
ERT			YES!		
	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or	n or obout 21C. WHERE DID	(If in Boltimore C	City, give exact location)
AL	DEATH (notily medical examiner)	etc.)			
ă	21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?	
MEDI	OF INJURY	While At Not While			
	(APPROX.)	Work At Work			
	22. I certify that (1) (this hospital) attended	ed the deceased from D.E.	c 9 1	965 10 JAN.	23 19.66
	that the twee lost sow the deceased alive	IN JAN. 23	19 66 and tha	t In (my) (aux) opinio	on deoth occurred on the dot
	and hour and from the causes stated above				
	23A. SIGNATURE	(17 (110) (010) (010-101) (ion the body offer death.	la:	3 & DATE SIGNED
	F. Whan	M.D. Atte	anding Med.		
		Phy	s. Director L	Stoff Phys.	1.23. 16
	23C. PHYSICIAN'S NAME (Type)	ha 4 54	23D. ADDRESS	110	200.

24A. BURIAL CREMATION, REMOVAL (Specify) 24B, DATE 1/26/66

24C. NAME OF CEMETERY OF CREMATORY

town, or county) (Stote)

Charlotteville

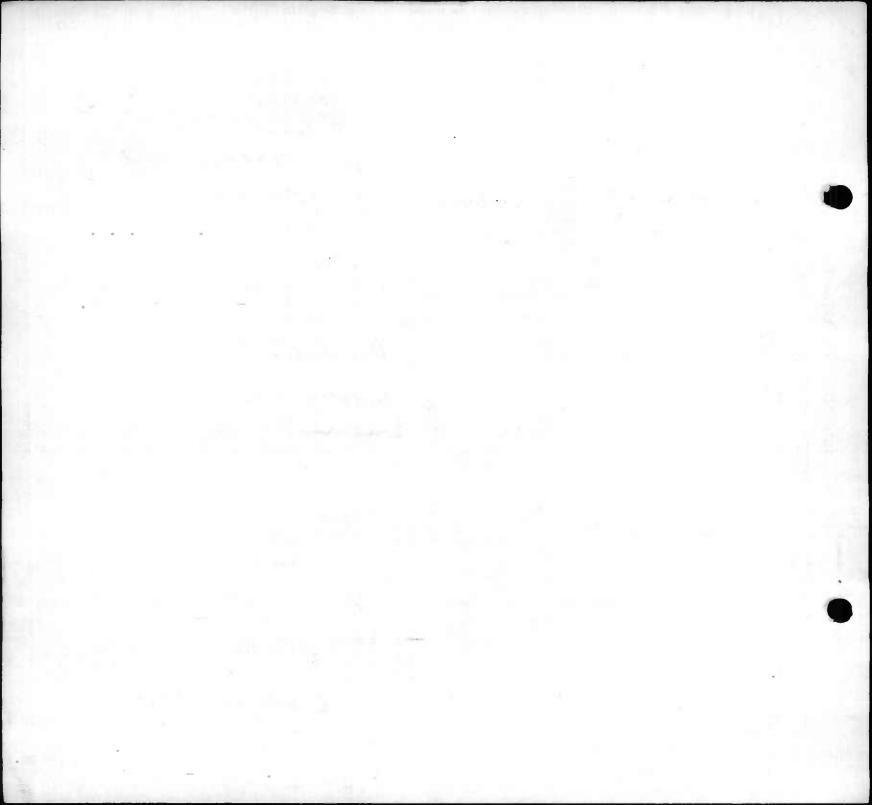
Ave.

6 Family Lot Burial 1/2
25A. DATE REC'D BY HEALTH DEPT.

25C. FUNERAL DIRECTOR

erbert E: Nutter-3035 W. North

VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT

E DEAT		66	100	29
FDEAT	1 1	 1		

BIRTH NO.	9 00000	MEDI	CAL EX	AMINER'S CI	ERTIFICATE OF I	DEATH Registe	red Na.
M.E. CASE					IO DATE AN	D HOUR PRONOUNC	ED DEAD
(Type or Pri	OF DECEASED	0=		M Tour day			
	N BALTIMORE, MA	RYLAND, W			4. USUAL RESIDENCE (Where Marylane	8. COL	itution: residence before admission)
HOSPITAL	OR ADDRES	IN HOSPITA	L OR INSTITUTION)	TION, GIVE STREET	C. CITY OR TOWN (If autsid		RURAL ond give township
1/2					D. STREET ADDRESS (If rurol,		
14	Luthe	eran Ho	spital		2111 Garr	ison Blvd.	
fema.	6. RACE		7. MARRIED,	NEVER MARRIED DIVORCED (specify) 1 ed	June 25, 1904	9. AGE (In years last birthday) 61	If Under 1 Yr, If Under 24 Hrs. Manths Days Haurs Min.
dane during	most of working life, ex	e kind of work ren if retired)	Pvt. I	amily	Baltimore, Mar	yland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER					14. MOTHER'S MAIDEN NAM	E	
	ry William			11 / 20 5111	Bessie Herbert		ADDRESS
	eceased ever in unknown) (If yes, give			16. SO CIAL SECURITY NO. 219-10-5904	Edward Langhor:	n - 2111 Gar	
DIS RISE UNI	HER SIGNIFICANT C	ENT CAUSE TIONS, IF A AUSE (A) ST FION LAST. II ONDITIONS IT NOT REL	S NY, GIVING ATING THE CONTRIBUTING				
19A. D	EASE OR CONDITION		DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
UTING 21D TOF IN	JURY	18- rH.	home etc.)	, fam, foctory, street,	in ar about 21C. WHERE DID affice bldg., INJURY OCCUR?		ive exact lacation)
(APPRO	OX.)		m. V	VORK AT W	VORK		
A S E	I certify that I resulted fram: CCTUAL IGNATURE EXAMINER'S IAME (Type)		Ses X A	M.D.	CHIEF MEDICAL E ASSISTANT MEDICAL E ASSOCIATE MEDICAL E	XAMINER X	
23A. BURI REMOVAL Buri	(Specify)	1-26-6	23	Arbutus Mem		Baltimore, 1	Maryland (State)
	E REC'D BY HEALTH	DEPT.	248 NAME	OF REGISTRAR	Charles R. L	R	ADDRESS
VS 151-RE	EV. 1/1/65	1	196	6-0	TO BOOK		

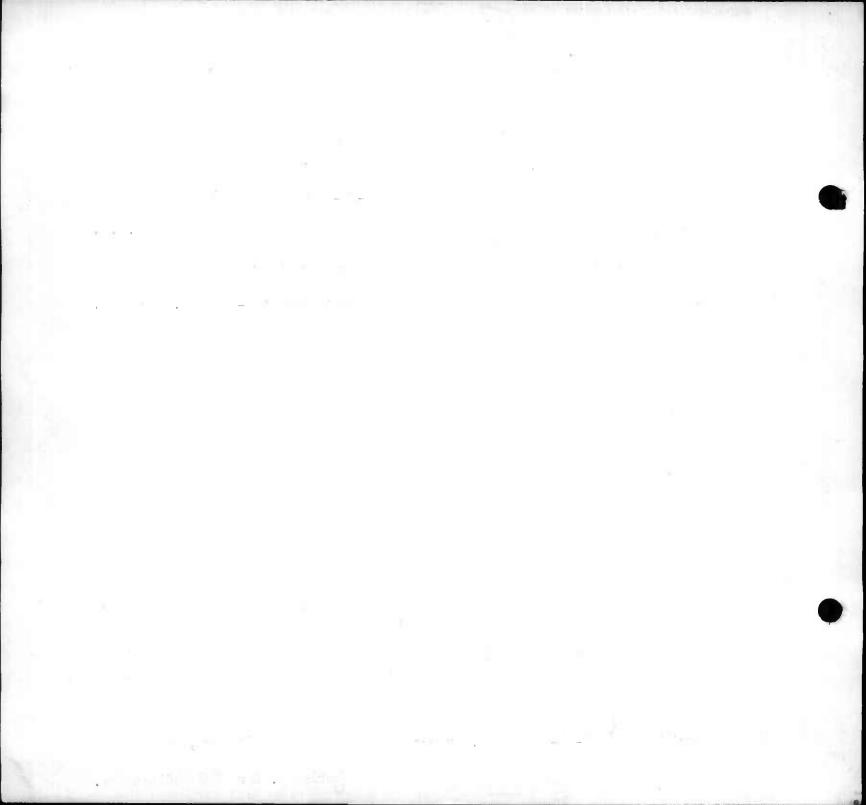
13 hand the second of the second the little and the little and both in the little and the little an The same feet of the way to be built on the

		BALTIMORE CITY	HEALTH DEPARTME	INT	00 1/1500
BIRTH NO.	66 00830	CERTIFICA	TE OF DEAT	TH Registered No	. 66 00830
M.E. CASE NO. 1. NAME OF DECE (Type or Print)	SOUN WIND THE IN BALTIMORE, MARYLAND	am A.	1.	TE AND HOUR OF DEAT	H / 45° A M. Institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	F (If not in hospital or institutio address or location)	on, give street	A. STATE B. Bafti WU C. CITY OR TOWN	county	17 0-
6 Ju	1774 & A.H.N HOS	3. of Ma-	D. STREET ADDRESS	If rural, give location)	
5. SEX		ED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	JPATION (Give kind of work 10 B. KIND working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	ar fareign country)	12. CITIZEN OF WHAT, COUNTRY?
	nce Superintendent	,	Baltimore		U.SA.
	liam Brown, Sr.			Ella Brown	
15. Was Deceased	Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
No No	(If yes, give war or dates of servic	255-24-1385	JaTiEu71	s chart -	
18. 42	0, / 1	CAUSE O		A	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	0	ardiae	ARREST	- 45 min
DISEASES O	asthenia, etc. It means the disea aplication which caused death.) ANTECEDENT CAUSES OR CONDITIONS, if any, giving above cause (A) slating to G CONDITION last.	(8)	pronary	Keert D.	est:
TO THE DI		TING THE	6		
BA. DATE OF	OPERATION 198. CONDITION FO	proceeding	20A. AUTOPSY (Ye	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBU	TING CAUSE OF	2) B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about 21C. WHERE INJURY OCC	DID (If in Boltin	nare City, give exact location)
21 D. TIME OF INJURY (APPROX.)		While At Not While Work		DID INJURY OCCUR?	/
	that (I) (this hospital) ottende	a me deceased mon "- "	len, 6	19 66 to J	an. 22 1966
that (I) (we)	last saw the deceased alive a	n Jan · 22	19 66	and that in(my) (aur)	apinion death occurred on the date
	from the couses stated obove		view the body after o	death.	
23A. SIGNATU	Camprille.	M.D. Atte	ending Med.	Stoff Phys.	23B, DATE SIGNED
23C. PHYSICIA		M.D.	23D. ADDRESS		
24A. BURIAL CREA	MATION, 248 DATE 24C	NAME of CEMETERY OF CR	EMATORY	24D. LOCATION	(City, town, or county) (State)
Burial	1-25-66	Arbutus Mem. Pa	rk	Baltimore,	
25A. DATE REC'D	BY HEALTH DEPT. 258. NAN	E OF REGISTRAR	25C. FUNERAL DI	RECTOR	ADDRESS

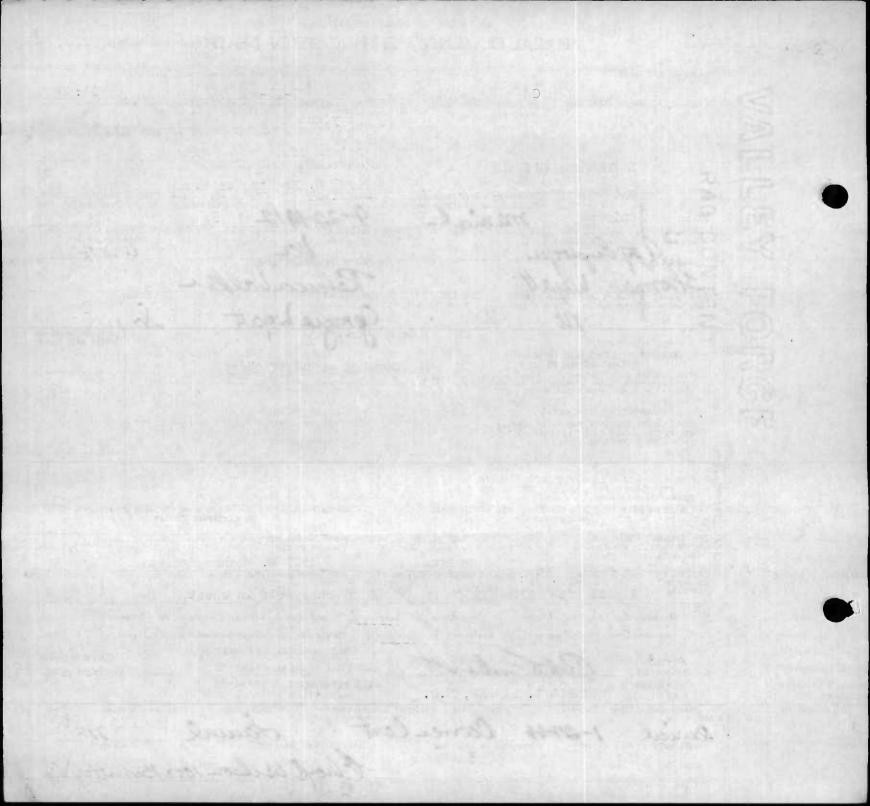
Burial 125-66 Arbutus Mam. Park Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Charles R. Law, 802 Madison Ave.

FUNERAL DIRECTOR: IMPORTANT	OR: I	MPORTANT	+
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such an extendance on the deceased prior to death. Such an extendance on the deceased prior to death.	iner of racture prono	his assistant if death occurrelso, if the direct or contribut of any kind; (b) Undetermined unced death was in regular tendance on the deceased partial disposition is made	d in a hospital and ting cause of death (vause; (5) Deceased attendance on the rior to death. Such

	BALTIMORE CITY	Y HEALTH DEPARTMENT		00 0000			
BIRTH NO. 66 (1183)	CERTIFICA	TE OF DEATH	Registered No.	66 00831			
N.E. CASE NO. 1. NAME OF DECEASED W.		2. DATE AND	HOUR OF DEATH				
(Type or Print) Ernest Hackett			ry 22, 1966				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT		stitution: residence before odmission)			
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) INSTITUTION	ion, give street	Maryland c. city or town (If outs	side city limits, write	RURAL ond give township)			
Provident Hos	_	Baltimore					
1514 Division			urol, give location)				
Baltimore, Ma	aryland RIED. NEVER MARRIED	1722 N. Carey	AGE (In years	If Under 1 Yr., If Under 24 Hrs.			
Male Negro Mar:	owed, DIVORCED (specify)	2-22-1889	ost birthdny) 76	Months Doys Hours Min.			
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	[11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?			
Waiter		Maryland		U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A.E.				
Jerome Hackett Amy Carpenter							
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
No		Coddie Hackett	- 1722 N.	Carey St.			
18. July 3 1	CAUSE C	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY		1. 1. A		ONSE! AND DEATH			
LEADING TO DEATH	(A)	C 6 17.	***************************************				
(This does not meon the mode of dying, e.g., DUE TO heat failure, asthenia, etc. It means the disease, injury or complication which coused death.)							
ANTECEDENT CAUSES	(B) HU	Lesten vive	and				
DISEASES OR CONDITIONS, if ony, gi	DUE TO						
rise to the obove couse (A) sloting UNDERLYING CONDITION last.		u. och ti Caro	lia-la-cular	Assault.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.							
2 19A. DATE OF OPERATION 198. CONDITION I	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED			
19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED		No	IN CERTIFYING CA	USES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	e City, give exoct locotion)			
21D. TIME (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?				
(APPROX.)	While At Not Whi Work At Work						
22. I certify that (I) (this hospital) attend	ed the deceased from Ja	anuary 17, 19661	9 to Jani	uary 22, 19 66,			
that (I) (we) lost sow the deceased olive	on January 22,	19 66 ond the		nion deoth occurred on the dote			
ond hour and from the causes stated above	e. (I) (We) (did) (did not)	view the body offer death.		23B, DATE SIGNED			
			Stoff				
23C. PHYSICIAN'S	Phy	ys. Director 23D. ADDRESS	Phys.	January 22, 1966			
NAME (Type)	(1. C) M.D.		Chanch				
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY of CR			ity, town, or county) (Stote)			
Burial 1-27-66	Mt. Auburn		ltimore, Ma				
	ME OF REGISTRAR	25C, FUNERAL DIRECTOR		ADDRESS			
JAN 25 1966 O Call VS 150-REV. 1/1/65	E, tarkey	Charles R. I.	aw 802 Mad	ison Ave.			

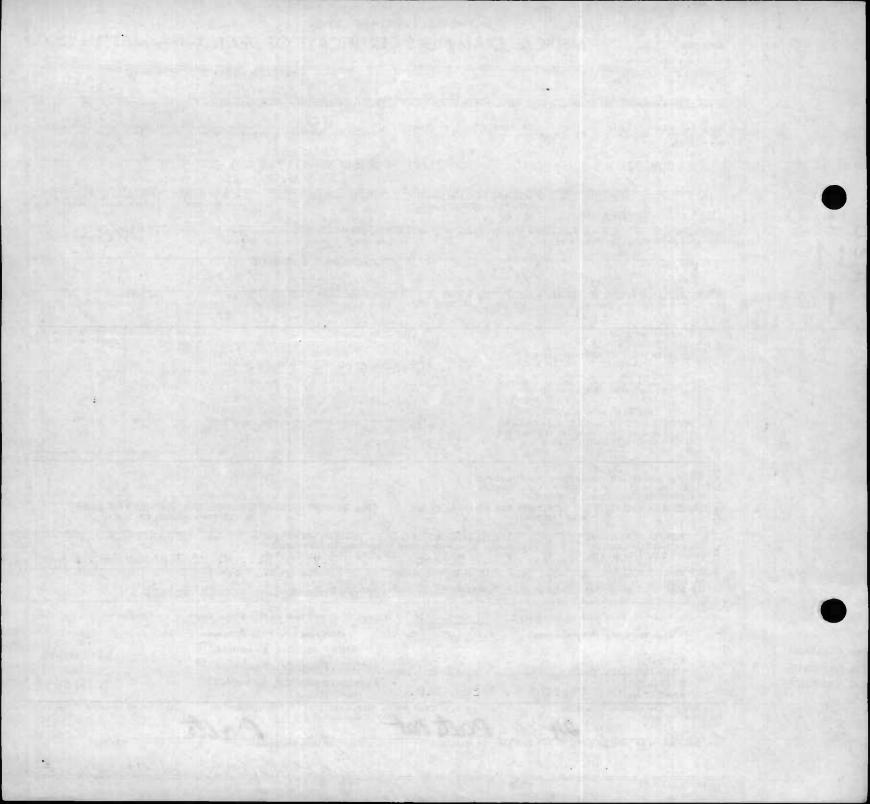


BIRTH NO.	6 00832		AMINER'S C			DEATH Regist	ered No.	6 01832
M.E. CASE NO							1941	
1. NAME OF D	DECEASED				2. DATE AND	HOUR PRONOUNG	CED DEAD	
		CURTES	WYATT		1-23-6	6		11:30 PM.
3. PLACE IN BA	ALTIMORE, MARYLAN	ND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDE	NCE (Where	deceosed lived. If ins B. CO	unty	lence before odmission)
FULL NAME O	F (IF NOT IN H	OSPITAL OR INSTITU	TION, GIVE STREET	A. STATE Marylan		corporate limits, wri	te RURAL on	give township)
//				Baltimo	re			
60	LUTHERAN	HOSPITAL		D. STREET ADDRE	ESS (If rurol,	give location)		
						Street		
5. SEX Male	6. RACE Colored		NEVER MARRIED	8. DATE OF BIRTH	1012	9. AGE (In years lost birthdoy) 53		1 Yr. If Under 24 Hrs. Doys Hours Min.
ton. USUAL OC done during most	of working life even if re	etired)	BUSINESS OR INDUSTR	YII. BIRTHPLACE (S	tale or foreign	n country)	12. CITIZE	N OF T COUNTRY?
13. FATHERS-N	ANA Curch	olle		14. MOTHER'S MA	IDEN NAME		u	AH
Tho	may be	Gatt		Retro	cal	refer		
	WIN (If yes, give wor		16. SO CIAL SECURITY NO.	17. INFORMANT		1	ADDRESS	
	7	20		Charces	2. Weig	t	Sa	200
1B.	996 V		CAUS	E OF DEATH	-			INTERVAL BETWEEN
DISI	EASE OR CONDITIO	ON DIRECTLY		0 0				ONSET AND DEATH
	LEADING TO D	DEATH	(A) G	unshot wour	nd of c	hest		
heort foil	s not meon the mo ure, osthenio, etc. It complication which co	meons the diseose,	DUE TO					
RISE TO UNDERL		S, IF ANY, GIVING (A) STATING THE LAST. TIONS CONTRIBUTIN		\				
DISEASE	OR CONDITION CA	OT RELATED TO THE	Ht.					
19A, DATE		AS PERFORMED	WHICH OPERATION	20A. AUTOPSY?		20B. IF YES, WERE FIN CERTIFYING CAU		
	MAL CAUSE WAS	21 B. 1	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. W	HERE DID	nd floor	ront be	cotion)
	AUSE OF DEATH.	etc.)	Home	-		Mosher Str		, , ,
E 21 D TIME	(Month) (DoyA	DBeer 10 00 2	E. INJURY OCCURRED	21 F. HO	M DID INTR			
(APPROX.)	1 23	4 4		WHILE X Sho	t self	in chest		
22.	ertify that I held o			[TP]	that on thi	s basis, deoth in	my opinion	
res	sulted from: Notur	ol couses A	ccident Suicio	Homicid	le 🗌 U	Indetermined man	ner 🗌	
	Held Total	2./	2	CHIEF ME	DICAL EX	AMINER X		DATE SIGNED
SIGNA	ATURE	186 m	her M.	ASSISTANT ME	DICAL EX	AMINER -		
EXAM	INED'S	ELL S. FISH		ASSOCIATE ME				1-24-66
23A. BURIAL C	REMATION, 238 D	ATE 230	C. NAME of CEMETERY	OI CREMATORY	23 D. Le	CATION (Cit	y, town, or c	county) (State)
REMOVAL (Sp.	10 1-	27-66	arres Co	ant	A	amal		mel
24A. DATE REC	D BY HEALTH DEPT		OF REGISTRAR	24C, FUNERA	L DIRECTOR	1	A	DDRESS
VC 161 DEV 1	/1/45			Turoy	W.W.	100 /00	3/5cm	netry Che
VS 151-REV. 1.	F 8	1 1 1		0 0	0			. W



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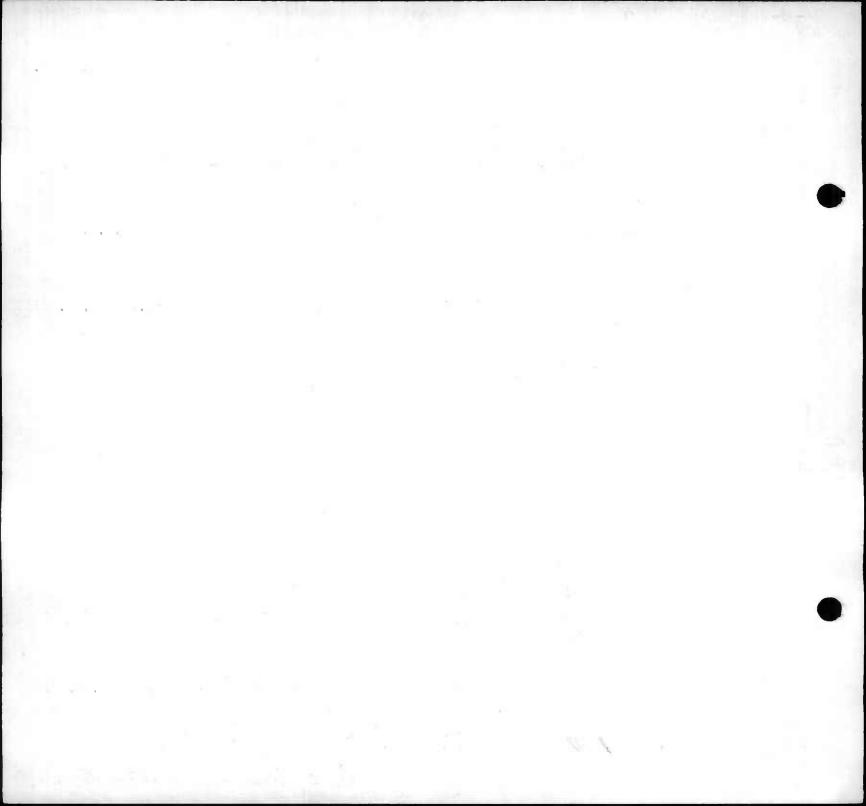
BALTIMORE CITY HEA	CERTIFICATE OF DEATH Registered No. 66 00833
	EKTIFICATE OF DEATH Registered No.
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print) JAMES SCOTT	January 20, 1966 2:35 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
	A. STATE Maryland B. COUNTY 20-03
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Baltimore
Bon Secour Hospital	D. STREET ADDRESS (If rurol, give location)
7	2245 W. Fayette Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Male Negro WIDOWED, DIVORCED (specify)	Months, Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	TY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	Mo off
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
the the	12 1- On A
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS //
(Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO.	1 0 00
\mathcal{M}	My Bestur Scott Source
1B. CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A) Cran	iocerebral Injury.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
ZIA. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g.	
✓ 21A. EXTERNAL CAUSE WAS UNDERLYING XOR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) Street	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
2	Fatette St., W. of Bentalou St.
OF INJURY	
	WHILE Pedestrian struck by auto.
22. I certify that I held an Inquiry Inspection A	utapsy and that an this basis, death In my opInlan
resulted fram: Natural causes Accident 🛣 / Suici	de 🔲 Hamicide 🗌 Undetermined manner 🗌
	CHIEF MEDICAL EXAMINER
ACTUAL (CALL) (ACTUAL	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 1/21/66
NAME (Type) Charles S. Petty, M.D.	
23A. BURÍAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
Buril 1-24-66 Bacti nat	- Cout Balto my
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
JAN 25 1966 Of bear 2. stanburna	So line 10 1. 1
VIII. No 1000 de la companya de la c	Tolloy W. Wisor-1000 Dante 19



30-83-50

Such

	B650)			HEALTH DEPARTMENT	Registered No. 6	s ans34
A	A.E. CASE NO.	1 00034		CERTIFICA	TE OF DEATH		
	NAME OF DECEASE		N, Est	elle	2. DATE AND	122/66	6:45 A. M.
3	PLACE OF DEATH	IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where of A. STATE 8. COUNTY	deceased lived. If institu	tion: residence before odmission)
	FULL NAME OF	(If not in hospital		n, give street	MARYLAND		7-06
	HOSPITAL OR	BALT IMORE		HOSPITALS	C. CITY OR TOWN (If outside BALTIMORE)	le city limits, write RUR.	AL and give township)
1		4940 East				ol, give location)	
				land 21224	2761 Alameda BJ	Lvd - 21218	
5	FEMALE 6. R	NEGRO	7. MARRIE WIDOW	D, NEVER MARRIED (ED, DIVORCED (specify) WIDOWED	8. DATE OF BIRTH 9. los	AGE (In years If birthday) M	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
	OA. USUAL OCCUPAT		10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) 1:	2. CITIZEN OF WHAT COUNTRY?
		ruswie			NORTH CAROLINA		U.S.A.
1	3. FATHER'S NAME	1			14. MOTHER'S MAIDEN NAME	1.	
	102ex	h Gre	u		Cloan /ta	sluis	
1	5. Was, Deceased Ever (es, no or unknown) (If	r in U. S. Armed For yes, give wor or dote	ces? s of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			246-30-2124	RECORDS: BCH 4940	Eastern Ave	
	18.	R CONDITION DIR	ECTIV	CAUSE O	F DEATH	1 .	ONSET AND DEATH
		DING TO DEATH	ECILI	(A)	Thronic renal	disease	> 1 year
		meon the made of tenio, etc. It means)	
		olion which coused	deolh.)	N	ephocolerosi	(several years
		ECEDENT CAUSES CONDITIONS, il	anv aivir	DUE TO		#### H H H H H 7 II 3 O H WAA H 4 II 4 II 6 II 6 II 6 II 6 II 6 II 6	
		bave couse (A)				00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	Z OTHER SIGNISIS	II ANT CONDITIONS C	ONTRIBLIT	NC d	1		
	TO THE DEAT	H BUT NOT RELA	TED TO		ve heart f	ailure	Several vern
	-		DITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINE	DINGS CONSIDERED
	21A. ACCIDENT V	VAS UNDERLYING		18 91 ACE OF INTHEVIOR	n or obout 21 C. WHERE DID		ty, give exact location)
	OR CONTRIBUTING	G CAUSE OF	' h		ffice bldg., INJURY OCCUR?	tir in politimore Ci	ty, give exect loconon/
1111	OF INJURY	onth) (Doy) (Yeor)		1E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
	(APPROX.)		\	While At Not While Nork At Work			
	8.			I the deceased fram	. / /		1-22 1966.
	,	t saw the decease				In (max) (our) apinion	n death accurred an the date
l	and haur and fro	im the causes stat	ed abave.	(I) (Wa) (did) (did not)	view the bady after death.	102	B, DATE SIGNED
	7	·~~	1 0	M.D. Att		off	1 77-//
	23 C. PHYSICIAN'S	mus .		Phy		stern Avenue,	Balto.Md. 21224
	NAME (Type)	M James	1.	7 171 C M.D.	537 North	Valach.	nation Street
2	AA. BURIAL CREMAT		24C.	NAME of CEMETERY OF CR	EMATORY 24D. LOC		lowing or county) (Stote)
	Bunnish	1-21-6	6	Intacking (lent B	alto he	X
2	SA. DATE REC'D BY	HEALTH DEPT.	258. NAM	E QE REGISTRAR	25C. FUNERAL DIRECTOR	1	ADDRESS
	JAN 2	5 1966 (12.0)	UT G	Married .	1668410-10	Meson 1000	Brantly he
V	S 150-REV. 1/1/65		9	-			



a hospital and

IMPORTANT FUNERAL DIRECTOR: the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

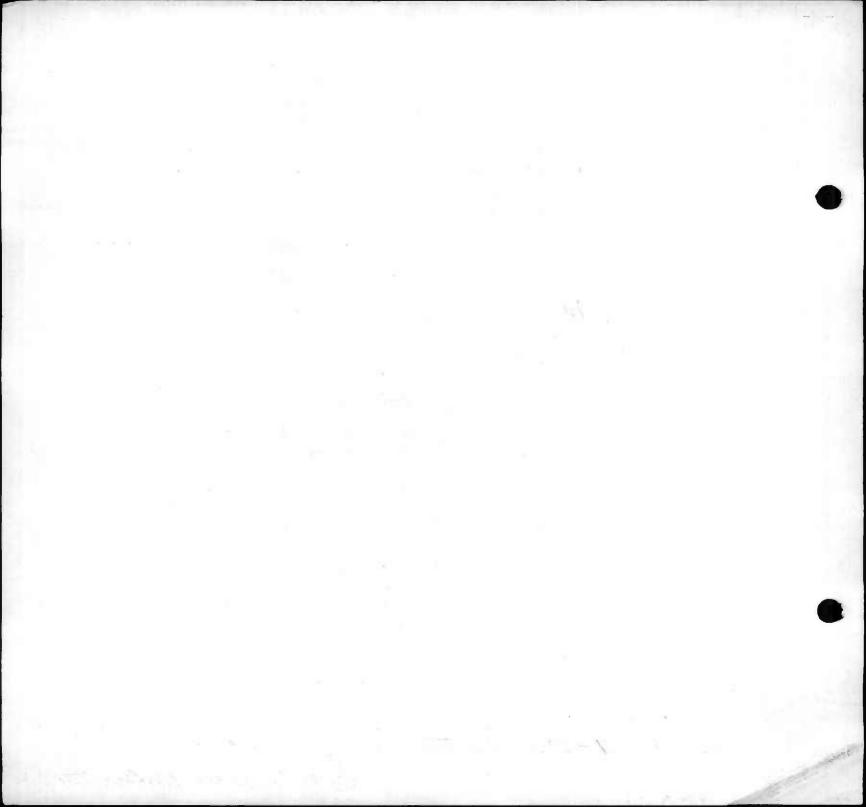
This certificate must be approved by the chief medical examiner or his assistant if death occurred in

5	215	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO.	No. 66 0U835	CERTIFICA	TE OF DEATH	Registered Na.	66 00835
NAMEC	OF DECEASED			D HOUR OF DEATH	
Type or Pr	ZACK STEVENSON			1/23/66	7:30R
ACE	OF DEATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Whe	re deceased lived. If i	nstitution: residence before admission)
			A. STATE B. COUN	ITY .	Q-01
HOSPITA	AL OR oddress or location	or institution, give street	MARYLAND C. CITY OR TOWN (If ou	teido cito limito cuito	RURAL ond give township)
NSTITU	BALTIMORE CITY	Y HOSPITALS		iside city littlis, write	NONAL OILD GIVE TOWNSHIP!
	4940 EASTERN		BALTIMORE D. STREET ADDRESS (IF	rurol, give location)	
	BALTIMORE, MAI		7.600 17 111.01	TINOMON OM	
SEX	6. RACE	7. MARRIED. NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
IALE	NEGRO	WIDOWED, DIVORCED (specify) WIDOWED	8/15/95	70	Months Days Hours Min,
	L OCCUPATION (Give kind of working life, even if refired)	k 108, KIND OF BUSINESS OR INDUSTRY	111. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
FATHER	ZS NAME		S. CAROLINA	AA F	l U.S.A.
			meman a maiorii IIA		
JOHN	STEVENSON		MINNIE BAINES	5	
es, no or u	eceased Ever in U.S. Armed Fainknown) (If yes, give war or dat	es of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	h		RECORDS: BCH	1 4940 EAST	ERN AVE. #21224
1B.	3/11	CAUSE	DE DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DI	RECTLY			MOMENT OF
.=	LEADING TO DEATH	(A) CA	ROIAC ARRI	WthniA	DEA+H
	does not mean the made of foilure, osthenio, etc. It means	dying, e.g., DUE TO A	ROIAC ARRI	DOSCLERO+	IC HEART DISEASE
	or complication which cause	d dogth)	STROENTERITI		4
	ANTECEDENT CAUSE	(B) CA	STROENTER! TI	7	1 mon+7
	SES OR CONDITIONS, if				
	to the obove couse (A) ERLYING CONDITION last.	stating the (C)			
	11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
	THE DEATH BUT NOT REL				
19A. D.		NOTION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
0			NO	CERTIFIED CA	OSES OF DEATH.
21 A. A	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21 C. WHERE DID	(If in Baltimo	re City, give exact location)
DEATH	I (notify medical examiner)	etc.)			
21 D. TI		(Hour) 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPRO		While At Not Whi			
22 1				· (at-	1122
		1) attended the deceased from			1/23 1966
that (i) (we) last saw the deceas	ed alive an 1/2 2	19. 6. C. and th	at in (my) (aur) ap	inian death accurred an the date
		ited abave. (I) (We) (did) (dld nat)	view the bady after death.		
23A. \$1	GNATURE			5. #3	23 B. DATE SIGNED
L	lorard H	Xuacha M.D. Att	ys. Med. Director	Phy s.	1/23/66
23 C. PH	HYSICIAN'S AME (Type)		23D. ADDRESS		
D		UADRACCI M.D.	4940 EASTERN A	VENUE #2122	4
A. BURIA	AL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR			ity, town, or county) (State)
2	VAL (Specify)	16 Mahitin	mil	Beilt	mix
A. DATE	REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. EUNERAL DIRECTOR	riceio	ADDRESS
	JAN 25 1966 A	a or 2 Falling	Blear My	A. Cair	ma Branton 12
	TITLE DUDGE CONTRACTOR	Place F F ACT , VICTA VICTA THE	~ JOULDWITH !!	V Keens 1	10011/11/11/11/11/2

JAN BY 2

VS 150-REV. 1/1/65

ADDRESS Ion Brantly he



BIRTH NO.

(Type or Print)

3. PLACE OF DEATH

FULL NAME OF HOSPITAL OR

INSTITUTION

13. FATHERS NAME

70

5. SEX

CERTIFICATION

MEDICAL

24A

Burial 1-2-25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

258, NAME OF

Such

death.

40

prior

attendance on

hospital

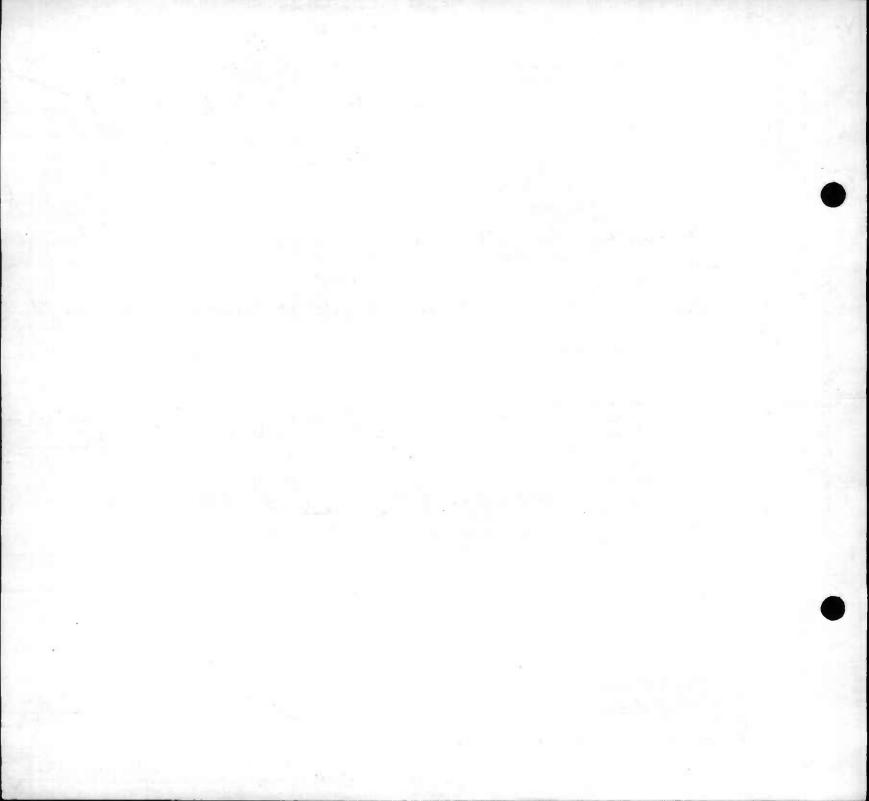
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ADDRESS

injury at camplication which coused deoth.) ANTECEDENT CAUSES	· ·	U.c ReNAL In	SOfficioncy	***************************************
DISEASES OR CONDITIONS, if any, givense to the above cause (A) stoting UNDERLYING CONDITION last.	9		/	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FIND IN CERTIFYING CAUSES	
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, officetc.)	or obout 21C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore Cit	y, give exoct locotion)
21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While At Work	21F. HOW DID INJU	URY OCCUR?	
22. I certify that (I) (this haspital) attendent that (I) (we) lost sow the deceased alive				
and hour and from the causes stoted obav				
23A. SIGNATURE			231	B. DATE SIGNED
Frank L. Barhan	M.D. Atlen		Sloff Phy s.	1-24-66
23C. PHYSICIAN'S	. /	D. ADDRESS		
FRANK L. BARH	pm M.D.	THRCY HOS	pital E	Baltimore M.
BURIAL CREMATION, 248, DATE 240	C. NAME of CEMETERY OF CREA	MATORY 24D. LC	CATION / (City, to	own, or county) (State)

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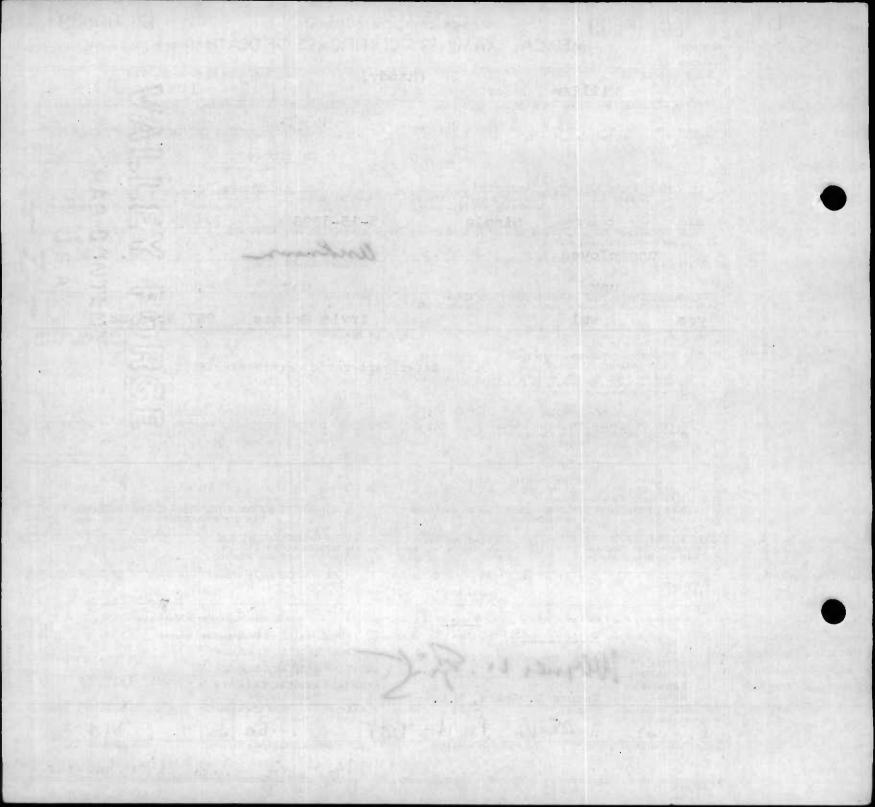
- 11	BIRTH NO. 66 00837 CERTIFICA									
III A	M.E. CASE NO.	ATE OF DEATH X Registered No.	bb 0083/							
1	I, NAME OF DECEASED (Type or Print) SARAH ELIZABETH WILL	1 Ams 1/20/66	250 An							
3	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street	A. USUAL RESIDENCE Where deceased lived. If institut								
-	HOSPITAL OR oddress or locotion) INSTITUTION UNIVERSITY HOSPITAL	C. CITY OR TOWN (If outside city limits, write RURAL and give township)								
	BALTIMORE, MD.	D. STREET ADDRESS (If rurol, give location) S.t. PAUL Ave.								
	6. RACE (AUC. 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	10/27/86 79	Under 1 Yr. If Under 24 Hrs. Ponths Doys Hours Min.							
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) HOWSELDS FC	Mo.	CITIZEN OF WHAT COUNTRY?							
1	GEO, ZEPP WILLIAMS	14. MOTHERS MAIDEN NAME EMMA ALBRIGHT								
1	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) None.	ME. William Williams	Loodstock Md.							
	DISEASE OR CONDITION DIRECTLY	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH							
	LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	ette pulm adema HD Dulinmary embor	Ogeass							
	Tise to the above couse (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	mal elek.								
	198 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or Not) 20 B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?							
	U 21%. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., or contributing Cause of DEATH (notify medical examiner)	in or about 21C. WHERE DID (If in Boltimore City	y, give exoct locotion)							
:	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not White At Work									
	22. I certify that (this hospital) attended the deceased from 1/5 1966 to 1/20 1966, that (Owe) ast saw the deceased alive on 1/20 1966 and that in (our) opinion death occurred on the date									
	ond hour and from the couses stoted obove. (1) (We) (did) (dId not) 23A. SIGNATURE Wellala Bosile M.D. An	view the body ofter deoth.	L DATE SIGNED							
	23C. PHYSICIAN'S NAME (Type) NICHOLAS C BOSCH M.D.	UNIVERSITY OF MARYLI	AND MUSPITAL							
	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF GRANDER OF AND THE Presto	Yterian OFAnite	mel. (State)							
	JAN 25 1966 DE STAR STAR STAR STAR STAR STAR STAR STAR	Souther H. Haight Ly	Kesville, Md.							



BIRTH NO.	MED	ICAL EX	CAMINER'S C	ERTIFICATE	OF DEATH Regist	rered No.
M.E. CASE NO.					ATE AND HOUR PRONOUNG	CED DEAD
1. NAME OF DEC	- 17			2. 07		
2 81 4 65 181 8 41 7	CALV.		WRIGHT	TA HOUAL DECEDENCE		3/66 1:55 a. M. stitution: residence before admission.
3. PLACE IN BALI	IMORE, MARTLAND, W	HERE PRONO	INCED DEAD	A. STATE	B, CO	OUNTY
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Mary		ite RURAL and give township)
HOSPITAL OR	ADDRESS OR LOCA	A IION)		C. CITI OK TOWN V	- Consider corporore minis, with	THE ROAD ONG GIVE TOWNSHIP
15					terloo	6000
0	Ch. I.		*47	D. STREET ADDRESS	(If rurol, give location)	
		nes Hosp	DICAL		ood Acres Trail	
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Manths, Days, Haurs, Min.
male	white		ried	May 11, 191		
IOA. USUAL OCCI			F BUSINESS OR INDUSTRY			12. CITIZEN OF
	working life, even if retired)			4 1 0	m.	WHAT COUNTRY?
Coal Mi				Anderson Co		U.S.A.
				TANIO INTERS INTAIDE	T IVAIVLE	
	Wright			Dixie Ev	erett	
	D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			232-16-6428	Roach Mortu	ary LaFollette	e. Tenn
18.	10 dl	100		OF DEATH		INTERVAL BETWEEN
UNDERLYIN	E ABOVE CAUSE (A) S NG CONDITION LAST.		(C)			
- 10 IIIL	NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO T		••••••		
19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE IN CERTIFYING CAL	
21A, EXTERNA	CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21 C. WHERI	E DID (If in Boltimore City, CUR?	give exact location)
UNDERLYING DEAU	SE OF DEATH.	etc.)	street		l near Montevi	
E 21D TIME	(Month) (Doy) (Yeo	r) (Hour) [2	TE. INJURY OCCURRED		ND INJURY OCCUR?	eeo no.
OF INJURY	11 1	10				
	1 7 66 6:	TO P. m.	WHILE AT NOT	ORK X pedest	trian struck by	car
22.	tify that I held on I	Inquiry 🗆	Inspection Au	opsy X ond tho	t on this bosis, death in	my oninion
					Undetermined man	
resul	ted from: Notural ca	uses	Accident X Suicid			ner
A CTUAL	13801		15/		CAL EXAMINER	DATE SIGNED
SIGNAT		_ U.	2 m (M.D.	ASSISTANT MEDIC	AL EXAMINER X	
EXAMIN			7)	ASSOCIATE MEDIC		1/23/66
NAME (. 49	U. Spitz	z, M.D.			
23A, BURIAL CRE	y)	23	C. NAME of CEMETERY			ly, tawn, or county) (Stote)
Removal	1/24/6 BY HEALTH DEPT.		Indian Creek	Cemetery		enn.
Z4A. DATE KEC'D	1511 - 5 1000	246 NAME	OF REGISTRAR	24C. FUNERAL DI	KECTOR	ADDRESS
	JAN 25 1966	Clobert	E, stankey MA	Wm. Cook-	Brooks Inc. 12	17 St. Paul St.212
VS 151-REV. 1/1/	65 N & C	5,2		0 0 0		

1/27/65 rature of Injury - massive yester - intestinal hemorihage complicating gastric muco. Information from tor werner is sprity - med Chie.

00	กกรรร		BALTIMORE CITY HEA					truco,	
BIRTH NO.	MED	ICAL EX	CAMINER'S C	ERTIFICA	ATE OF	DEATH Regi	stered Na		
M.E. CASE NO.									
1. NAME OF DEC		Pohor	(Han		2. DATE AN	ID HOUR PRONOU		0.50	27
2 81 ACE 151 BOLT	William	Rober		-	CID THE COUNTY	· · · · · · · · · · · · · · · · · · ·	24/66	9:50	
S. PLACE IN BALI	IMORE MARTLAND, W	HERE PRONOL	JNCED DEAD			deceased lived. If B. (COUNTY	idence belare (odmi s sia
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTON, GIVE STREET		Maryland	de carparate limits,	write RURAL o	ınd_give∦lowns	hip)
INSTITUTION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						17/	01	
40				D. STREET AL	Baltimo:		-		
Mar	vland Genera	l Hospit	1			Moore St.			
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF B	IRTH	9. AGE (in year	ors If Unde	r 1 Yr, If Unde	er 24 H
male	colored		DIVORCED (specify)	6 16 1	005	lost birthdays	Months	Doys Hours	Min.
IOA. USUAL OCCU	JPATION (Give kind of worl	Sind Sind Of	BUSINESS OR INDUSTR	5-15-1			12. CITIZ	EN OF	-1
	vorking life, even if retired)			Black	2			AT COUNTRY?	
13. FATHER'S NAM	nemployed			14. MOTHER'S	MAIDEN NAM	i E	U	. S.A	
	unle				220010				
5. WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMAN	unk		ADDRES	S	
	Ilf yes, give wor or dote	s of service)	SECURITY NO.	Toward	Coins	067	Pored	-	MA
yes	wwl				Goine	5 807	Boyd !		
4	100 / 1		CAUS	E OF DEATH				ONSET AND	
UN DERLYIN OTHER SIGN TO THE	E ABOVE CAUSE (A) ST IG CONDITION LAST. II WIFICANT CONDITIONS DEATH BUT NOT RE	CONTRIBUTIE							10 440 04 0 0400
—	OPERATION 198, CON	DITION FOR	WHICH OPERATION	20A. AUTO	PSY? (Yes ar No)	20B. IF YES, WERE	FINDINGS C	ONSIDERED	***************************************
00	WAS PER	FORMED		IN CERTIFYING CAUSES OF DEATH?					
21A, EXTERNAL UNDERLYING UTING CAU	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. hame etc.)	PLACE OF INJURY (e.g., , form, factory, street,	in or obaut 21C affice bldg., INJ	. WHERE DID	(If in Boltimare City	, give exact l	acation)	
Z 21D TIME	(Manth) (Day) (Yeo	Hour) 2	TE. INJURY OCCURRED	21 F.	HOW DID INT	URY OCCUR?			
(APPROX.)		V	VHILE AT NOT	WHILE					
22.									
	ify that I held an 1			L		Is basis, death i		n	
result	ted fram: Natural ca	uses X A	coldent Suich			Undetermined ma	inner		
ACTUAL	1110,	0 1.	61-1-		MEDICAL E			DATE SIG	GNED
SIGNATI	URE WYW	es "	- 57 (M.C	4	MEDICAL E		1	125/66	
EXAMIN NAME (1		II Sni+	Z M D	ASSOCIATE	MEDICAL E	XAMINER	1	/25/66	
3A. BURIAL CREA	MATION, 238. DATE	U. Spit	C. NAME of CEMETERY	or CREMATORY	23 D. I	OCATION (C	City, town, or	county)	(State)
REMOVAL (Specify	4 1 78	-1.1	Bo 1da 1)		R	0 1.10		Md	
DA TIN	BY HEALTH DEPT.	24B NAME	OF REGISTRAR	24C, FIIN	ERAL DIRECTO	17 140.		ADDRESS	
	JAN 25 1966	0.0	, 2. La Cyra	Mo	PTON	J Due H	1701	haure	NS
VS 151-REV. 1/1/6	65	7	0 0		130	+			

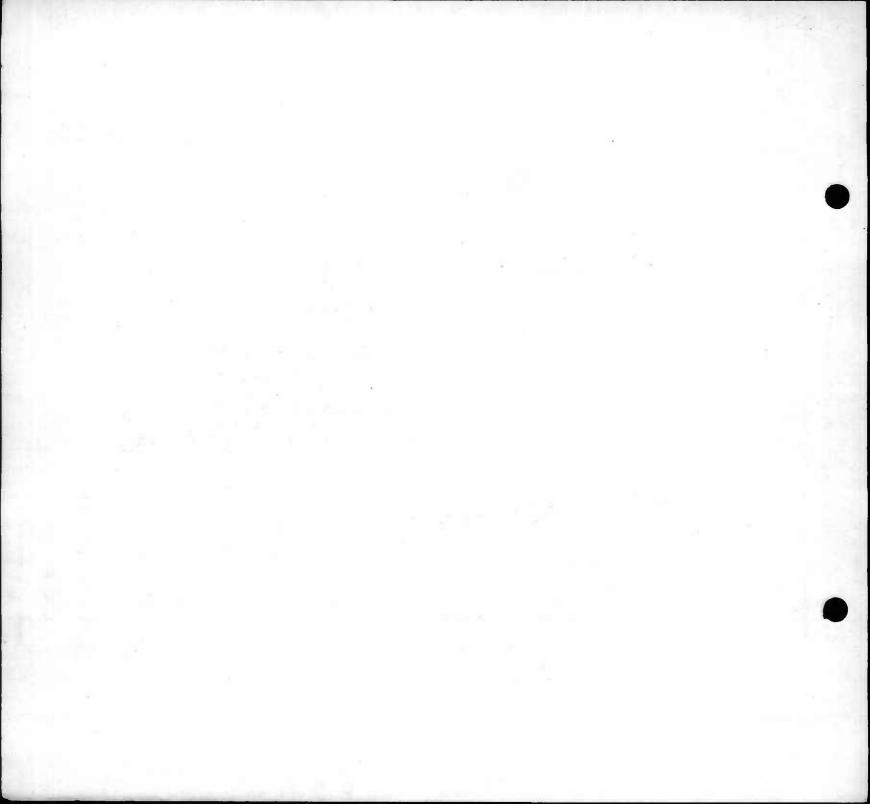


VS 150-REV. 1/1/65

	一种 人 新。 近 而	BALTIMORE CITY	HEALTH DEPARTMENT		CC 00040
	BIRTH NO. 66 (1)84()	CERTIFICA	TE OF DEATH	Registered No	66 00840
	1. NAME OF DECEASED (Type of Print Tosiah Smith)	2. DATE AN	Bey 24: 1	966 6:15 A.M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	s decleosed lived. If insti	itution: residence before odmission)
	FULL NAME OF (If not in haspital or institution HOSPITAL OR oddress or location)		c. CITY OR NOWN (If out	side city limits, write RU	JRAL ond give township)
7	27 n. Carcy stee	resing Home		rurol, give locotion)	
ade.		ED, NEVER MARRIED	B. DATE OF BIRTH		Venue
is ma	Male Negro WIDO	WED, DIYORCED (specify)	1-1-1892	1 14	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BOSINESS OR INDUSTRY	BIRTHPLACE (Stote or foreign	Ju country)	12. CITIZEN OF WHAT COUNTRY?
siti	13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	AE	Hmediea
disposition	Henry Smit	h	HESTER S	mith	11:327
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	77.1.1	ADDRESS
final		212-18-8164	R. Smith -	2705 SI	pringhill Ave.
0	18. / 5 / XI	CAUSE O	F DEATH	2	INTERVAL BETWEEN ONSET AND DEATH
ped	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	w. Fall /	PINON	in Of	
balmed	(This does nat mean the made of dying, e heart failure, asthenia, etc. It means the disec		0 880 801	20	
E	injury or complication which caused death.) ANTECEDENT CAUSES	(B)	941090	2010	
6	DISEASES OR CONDITIONS, if any, giv	DUE TO	1 mph 06	sercen	ual:
0	rise to the above cause (A) stating UNDERLYING CONDITION last.		offer the	Tres	200/
ain			1 www.		1
e remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
the	198. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
before	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218 PLACE OF INJURY (e.g., in home, farm, foctory, street, or etc.)	n or obout 21 C. WHERE DID	(If in Boltimore (City, give exact location)
	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
ained	OF INJURY (APPROX.)	While At Not Whill At Work			
obt	22. 1 certify that (1) (this hospital) attende	d the deceased from	171	966 to Jan	24 1966
pe	that (1) (we) last sow the deceased alive of	!)	(···	at in(my) (our) opini	on death occurred on the dote
must	ond hour ond from the couses stoted obove	o. (I) (We) (did) (did not) v	lew the body ofter death.	1;	23 B, DATE SIGNED
	MAKE	M.D. Atte		Stoff Phys.	
approval	23C. PHYSICIAN'S NAME (Type)	MISON M.D.	403Mel	ests L	39
	24A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CRI	MATORY 24D. LO	CATION (City,	, twn, or county) (Stote)
Hen	BARIAL 1-27-66	MT, Auburn	B	A No.	Md.
written	JAN 25 1965	Talley MA	MORTON 1	XIOTT 12	OI LANTENS ST.

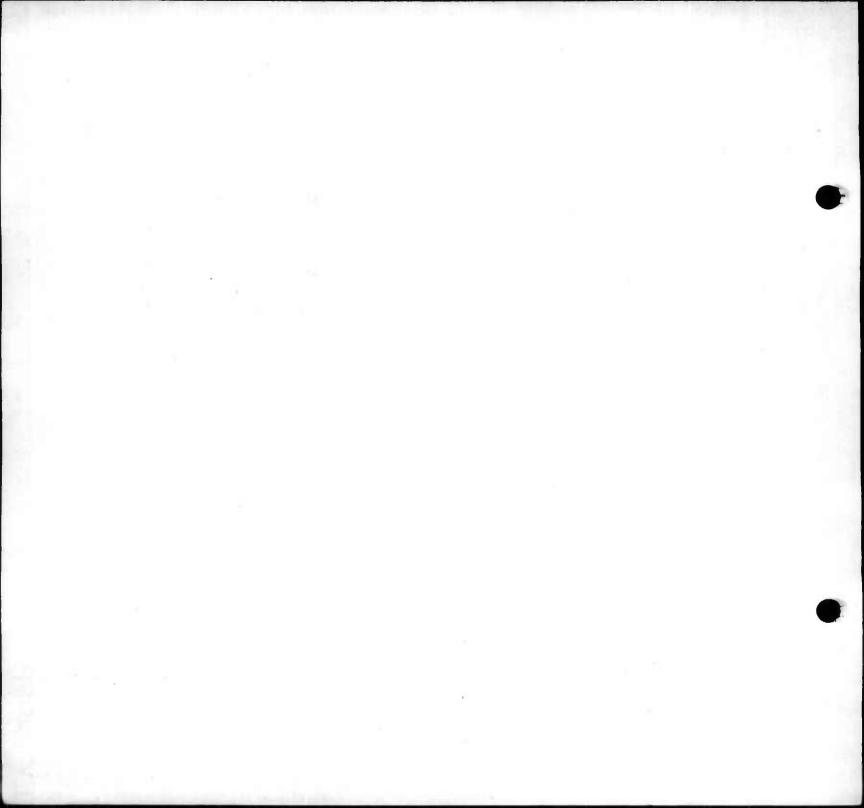
LANTENS

MORTEN



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct ar contributin	shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined c	was D.O.A. at a hospital (except where the physician who pronounced death was in regular a	6) No physician was in regular attendance on the deceased prii
FUNE	This certificate must be approved by the chief the body was released to the hospital by a	shows: (1) An accident of any nature; (2) Bod)	was D.O.A. at a hospital (except where the	deceased prior to death); and (6) No physicia

	00 000	BALTIMORE CITY	HEALTH DEPARTMENT		66 00643
BIRTI	н NO. 66 00841	CERTIFICA	TE OF DEATH	Registered Na	66 00841
M.E.	CASE NO. AME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Тур	AME OF DECEASED e or Print) Portee Chester LACE OF DEATH IN BALTIMORE MARYLAND			Vm. 66	710 P.M.
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	Odeceased lived. If ins	titution: residence before admission)
	ULL NAME OF (If not in haspital or institution,	arve street	1 6	ulto	
H	OSPITAL OR address or location)	give sireer	C. CITY OR TOWN (If out:	side city limits, write RI	URAL and give lownship)
			Bulto.	1	5-32
	Unwernty Hospital			urol, give location)	
	2			I Rel	
5. S		D, DIVORCED (specify)		ast birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	M N ha	mul	5-15-90	75	
	USUAL OCCUPATION (Give kind of work 10 B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
LOTTE	lahon	d	S. Carolin	<u>د</u>	USA
3. [FATHERS NAME		14. MOTHER'S MAIDEN NAM		
	Willie Portice		(2001)	leura -	
5. \	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT Mrs. PORTEE		ADDRESS
Yes	,no or unknawn) (If yes, give war ar dates of service)	SECURITY NO.	M. Car	27115	0 Pd
		216 - 07 - 4279	TIPS, TORIER	2/43	INTERVAL BETWEEN
	18. 3 3 / X I	CAUSE O	PUEATH		ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	(1 1	0.1.	10000
	(This does not mean the mode of dying, e.g.	, DUE TO	induct variable		19 17142 9.2
	heart failure, asthenio, etc. It means the disease injury or complication which caused death.)	,			
	ANTECEDENT CAUSES	(B) C	relevation devalue	denum	-7
	DISEASES OR CONDITIONS, if ony, giving				
	rise to the obove couse (A) stating the	(C)	***************************************		
	UNDERLYING CONDITION lost.				
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	ıc			
ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes at No	20B. IF YES, WERE F	INDINGS CONSIDERED
ERTIFIC	WAS PERFORMED		No	IN CERTIFIEND CAC	73E3 OF BEATH.
U	21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF ho	B. PLACE OF INJURY (e.g., i	fice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact location)
CAL	DEATH (notify medical examiner)				
MEDIC		E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
S	OF INJURY (APPROX.) W	hile At Nat While At Wark			
	22. I certify that (I) (this hospital) attended			19 65 to 2	4 10 66
	that (1) (we) lost saw the deceased alive an				X
		0		ur milmy, laur, apir	non decili occurred dil file dat
	and hour ond fram the causes stoted above.	(1) (#e) (did) (did nat) \	new the body after death.		23B, DATE SIGNED
	Ruhard P. hongas	M.D. Att	ending Med.	Staff	24 \ ()
		Phy	s. Director	Phy s.	24 / 66
	23C. PHYSICIAN'S NAME (Type)		ZOU. AUDKESS	- i i i	7
	RICHARD P. NORGAART		University	Hospitel	
244	A. BURIAL CREMATION, 24B. DATE 24C.N	NAME OF CEMETERY OF CR	EMATORY 240. L	OCATION (Cit	ly, tawn, or county) (State)
	BuriAL 1-27-66	ARVER ME	M	Ayrel	Md.
25 A		OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	JAN 25 1966 (1686)	Oc Grandish Little	O MODRATO NI + D	yeTT Fun	. H. 1701 LAYrens
VS	150-REV. 1/1/65				



BALTIMORE CITY HEALTH DEPARTMENT

give township)

If Under 24 Hrs.

STATES

Hours

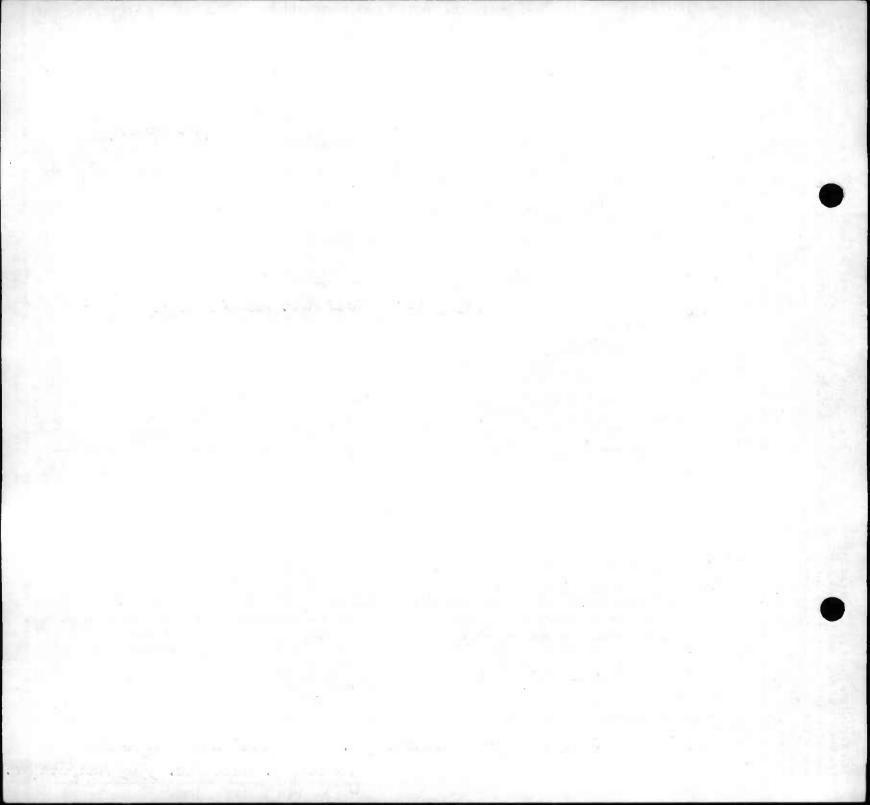
ADDRESS

ALTO, 25

INTERVAL BETWEEN

ONSET AND DEATH

IMPORTANT FUNERAL DIRECTOR:

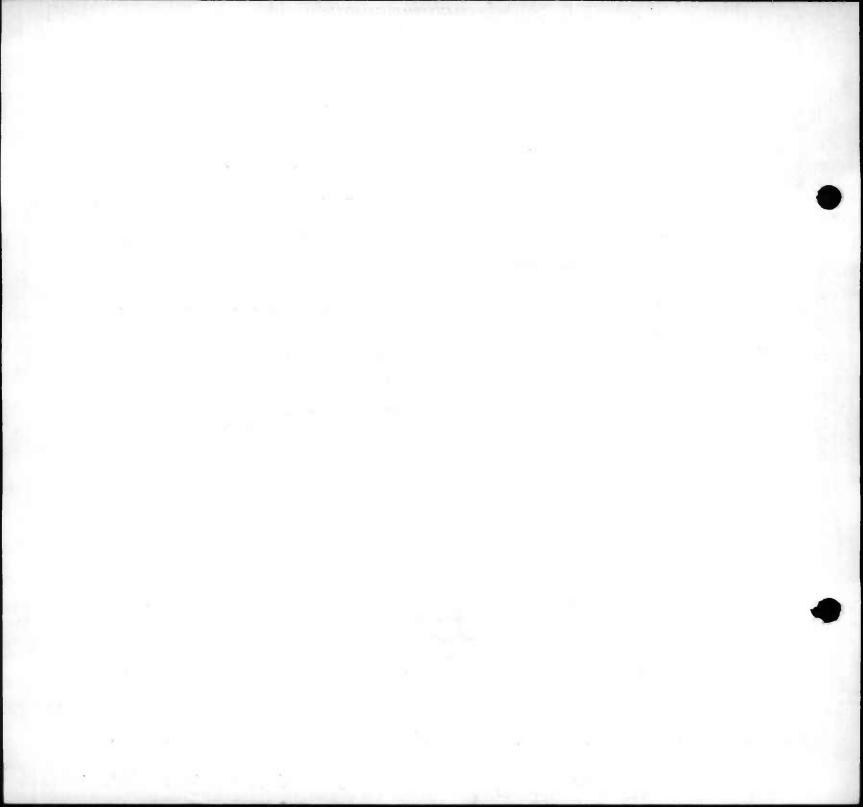


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VS 150-REV. 1/1/65

						BA	LTIMORE C	CITY HE	ALTH	DEPARTA	AENT				66 0	1084	3
	BIRTH N		66 00	1843		CE	RTIFIC	ATE	OF	DEA	TH	Regi	stered N	0			
	1. NAM	ASE NO.	EASED							2.	DATE AN	D HOUR	OF DEA	TH	-		
	(Type a		Ha			Stein					Jan 2	2, 19	66		6	45	PM.
	3. PLA	CE OF DE	ATH IN BALT	MORE, MARY	LAND				USUAL		CE (When	e deceos	ed lived. t	f institut	ion: residenc	e before o	dmission)
		LNAMEC		in hospitol or		, give street			Mc	t.			4	-/-	0 7	-	
		TITUTION		Nursing				C.	CITY			side city	limits, wri	K RURA	L ond give	township)	
d	10		Century 102 No.	Paca St	L			D.	STREET	Balt ADDRES	imore	ural, aive	lacation)			_	
			1 110	, and or	-•					02 No.							
pp	5. SEX		6. RACE	7		D, NEVER A				F BIRTH	19	AGE (I	n yeors	If	Under 1 Yr.	, If Unde	r 24 Hrs.
mad	Mal	le	White		Sing	ed, divord Le	(ED (specify)	1	2-20	5-1880)	ost birthd	°y) 85	Mo	nths Doys	Hours	Min.
Si L			UPATION (Giv		OB. KIND	OF BUSINESS	OR INDUS	TRY 11.	BIRTH	PLA CE (Sto	te or foreig	gn country	y)	12	CITIZEN O		
0		tire	wgrking life, ev a	en is retired)	4	Inknow	n			Mar	ylan	d			US	4	
osi	13. FAT	HERS NA	ME	11 1				14.	мотн	IER'S MAI	DEN NAA	ΛE	11 1				
disposition				Unkno	nwn								Unkn	iown			
	15. Was	Deceased	Ever in U. S	Armed Force	of service	1 6. SOCI.	AL RITY NO.		INFOR						ADD		
final		Rnown	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0, 00,,,00	3200	KIII IVO.	1	Reco	ords,	(en	tury	. Nur	sin	g Hom	e	
or f	1B.	42	2.11				CAUS	E OF D							INTER	VAL BETW	
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E L	LTE	nis does	LEADING T not mean the		dvina. e.	a	(A) CO	nde	0- V	lezur	arty	Yas	len	e	***************************************		
balmed	he	art failure,	osthenio, el	c. II meons t	he diseos		Č	rah	re	ban	eld	, He	cila	no			
E H			ANTECEDEN				(B)					(MA	Strie	,)		
are	DI	SEASES (OR CONDIT	IONS, if a	ny, givir	ıg	DUE ID										
			e obove d G CONDITIO		stating th	nė.	(C)(Her	l	more	un	rekl.	2021	-2			
remains				<u> </u>									-				
E	N 01	THER SIGN	FICANT CON	IDITIDNS CO	NTRIBUTI	NG											
9	∢ DI	SEASE DR	CONDITION	CAUSING IT.		R WHICH O	Drn A TION		120 A A	LITODEN2 I	Van av Na	208 15	VEC WE	DE EINID	NCS CON	II DEBED	
the	ERTIFIC)	PERATION	WAS PERFO		K WHICH O	FERATION		20A. A	01015111	162 01 140	IN CE	TIFTING	CAUSES	OF DEATH	I?	
before	U 217	A. ACCIDE	NT WAS UN	DERLYING	2	1B. PLACE O	F INJURY (e	g., in or	obout 2	21 C. WHER	E DID	(lf in Boltin	more City	, give exac	t location!	
bef			Medicol exo			ome, form, f tc.)	octary, stree	t, onice	orag., I	INJURI O	CCOR						
	D 210	D. TIME	(Month) ID	oy) (Yeor)	(Hour) 2	TE, INJURY	OCCURRED		12	21 F. HOW	DID INJI	URY OC	CUR?				
ained	11 > 1	PPROX.)				While AI	Not At V	While C									
þ	22.	, I certify	thot (I) (th	is hospitol)	ottended	the deceo	sed from	00	+	21	1	964	to	Jan	2	19	66
0			lost sow th			1			19	66				opinion	deoth occ		
st b	one	d hour on	d fram the a	ouses state	d obove.	(I) (WE)-(4	≱ď) (did no	t) view									
mus	23 A	A. SIGNATI	JRE	_		1								23 B	DATE SIG	NED /	
=	1	ull	and C	CAR	ufle	won	M.D.	Attendir Phys.	19	Med. Direc		Stoff Phys.			1/2	4/6	6.
approval	230	NAME I	AN'S Typel					23 D	ADDR	ESS (1)	1/	10	A.			
pp	6	Willi	mo	App	LEFE	525	N	1.D. 5	50	100	ail	Her	gnis	MV-	Bod	280 t	5,79
	24A. BI	URIAL CRE	MATION, 24 Specify)	B. DATE	24C.	110	EMETERY OF		_	,	24D. LC		1.		wn, or cour	ity)	(State)
Her		suria	1000			loly K	edeem	er (-	etery		Da	ltimo	ore,			
written	25A. D	ATE REC'D	AN OF	10CC	25B. NAMI	OF REGISTI	Chew PAR			UNERAL DOCUME		ch c	Inc G	3014:	more,	DDRESS	
-		J	MIT GO	1300 UL	CALIFE ME	And Some	1.0	7	Angel L	nuplu	12 140	∪ وعاسو	140 0	www	norce, 1	ILL e	

Leonard J.



		FUNERAL DIRECTOR: IMPORTANT	DIRECT	OR:	MPOR	TANT		R			7
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and who had not been approved to the hospital by a medical examiner. Also, if the direct of provided to the hospital by a medical examiner.	be hereited	he chief med	dical exar	ninero	r his ass	istant i	f death	occurred	in a ho	spital a	3 pu
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	ny nature;	(2) Body bur	ns; (3) A f	racture	of any	kind; (4	Undet	ermined co	ause; (5	Deceds	Pe
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	except whe	ere the phys	ician who	prond c	panne	death	was in	regular a	ttendar	ice on t	he
ed prior to death);	oN (9) pub	physician w	/as in reg	gular a	ttendan	ce on t	he dece	sased pric	or to d	eath. Su	2
written approval must be obtained before the remains are embalmed or final disposition is made.	btained be	fore the rem	nains are	embain	ned or fi	nal diss	osition	is made.			

				BALTIMORE CIT	Y HEALTH D	EPARTMENT		66 00844
BIRTH NO.	E NO.	00844	4	CERTIFICA	ATE OF		Registered Na.	
(Type or Pr	of DECEASED	KOSKE	ER, ELIZ	ABETH	Ann		ND HOUR OF DEATH	9:35 A.
	IAME OF	(If not in hospitol oddress or location	l or institution, give s	street	A. STATE Mari	yland Town (If or	NTY	nstitution: residence before admission RURAL and give township)
7	ME	RCY	HOSPI	TAL	D. STREET		rurol, give locotion) an Ave. #6	
5. SEX Femo	ale W	hite	7. MARRIED, NEV WIDOWED, DIS Married	ER MARRIED /ORCED (specify)	8. DATE OF	1903	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Ooys Hours Min.
Hou.	sewife	ON (Give kind of wo life, even if retired)	rk 108. KIND OF BUS	NESS OR INDUSTR	Mari	Land		12. CITIZEN OF WHAT COUNTRY?
Jo	seph Ke				?	R'S MAIDEN NA	Caton	
15. Was Da (Yes, no or to	veceased Ever in unknown) (If ye	n U. S. Armed Fo s, give wor or do		SOCIAL SECURITY NO.	Mr.		Kosker-	ADDRESS
DISEA	does not me foiture, asther or complication ANTEC	ING TO DEATH on the mode o nio, etc. It meon on which couse CEDENT CAUSE DNDITIONS, if the cause (A) NDITION last.	dying, e.g., s the diseose, d deoth.) S	(B)	REN	ne FA	ILURE ILURE VE SEPT	
TO TO	THE DEATH		ATED TO THE	H OPERATION	20 A. AU	TOPSY? (Yes or N	o) 20B, IF YES, WERE	FINDINGS CONSIDERED
▼ DEATH	ACCIDENT WAS	S UNDERLYING		CE OF INJURY (e.g., m, foctory, street,	in or obout 21 office bldg., IN	C. WHERE DID JURY OCCUR?		re City, give exact location)
21D. TO OF IN.	JURY	th) (Day) (Year)	(Hour) 21 E, INJU While At Work	JRY OCCURRED Not Wh At Work	ile 🦳	F. HOW DID IN.	JURY OCCUR?	
that (- and he 23A. SI	H (we) last state and from IGNATURE	saw the deceas	ol) attended the de sed olive on ated abave. (t) (We	(-25-66 b) (did) (did not)	tending	and the death.		inion death occurred on the de
N	AL CREMATIO	OSEPH		ANGELO M.D.		MERCI		octal
ZAA. RIIDI.								Many American and the Committee of the C
Bur	ial (Specify)	1/29/6		Redeeme				Maryland 5305 Harford Re

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VS 150-REV. 1/1/65

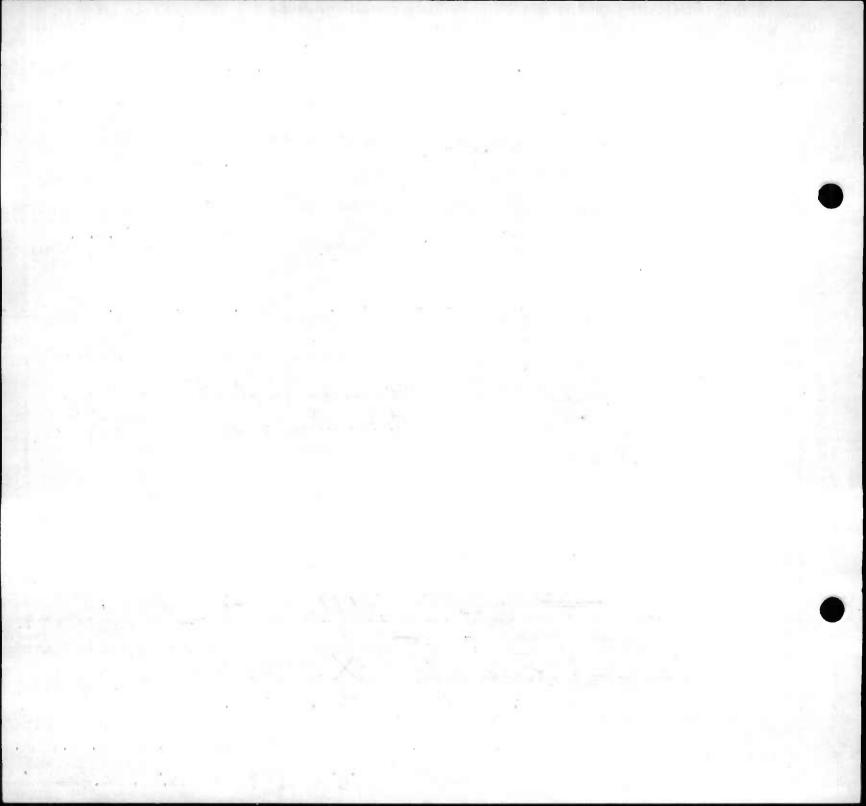
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to death.

prior

				BALTIMORE CITY	HEALTH DEPARTMEN	NT .	00 00945
		00845		CERTIFICA	TE OF DEAT	H Registered No.	66 00845
1. N	CASE NO.	ED			2. DA	TE AND HOUR OF DEATH	1
	e or Print)		A. Crot	vther	Ja	in.23, 1966	3:50 PM
3. P	LACE OF DEATH	IN BALTIMORE, MARY	AND		4. USUAL RESIDENCE	(Where deceased lived. If i	institution: residence before admission
F	ULL NAME OF OSPITAL OR	(If not in hospital or oddress or location)	instilution, give	streel	Maryland		1-0a
11	STITUTION	oddless of locollons					RURAL ond give township)
11)	Homewood	Rts.	1D	Baltimore D. STREET ADDRESS	(If rurol, give location)	
					Homewood	Apts. 1-D	
5. S	F	W	Widowed, Widow		8. DATE OF BIRTH 10/23/1878	9. AGE (In years lost birthdoy) 87	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
		NON (Give kind of work 10 ing life, even if retired)	B. KIND OF BI	JSINESS OR INDUSTRY	11. BIRTHPLA CE (State of	or loreign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewi	fe	Own Ho	me		e, Maryland	U.S.A.
13. F	ATHERS NAME				14. MOTHER'S MAIDEN		
	John M.	Megraw			Ellen Ry	an	
15. V (Yes.	Vos Deceased Eve	r in U. S. Armed Forces yes, give war or dates	of service)	SECURITY NO.	17. INFORMANT	* -	ADDRESS
	No		2	13-26-9377	Mrs . Leona:	rd I.Davis, L	1508 N. Charles S
	18.450	101		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DIRECTOR	TLY	7	,		A 0-4 0
		meon the mode of d	ying, e.g.,	DUE TO	renea		drive.
		enio, elc. Il meons Ih olion which coused de			2	1 -1.	3
	ANT	ECEDENT CAUSES		(B) Slo	mer ulay n	e phut is	14.
	DISEASES OR	CONDITIONS, if on	y, giving	DUE 10	1	7 .	Q ()
	rise to the o	bove couse (A) si	loling the	(C) Un	Verio och	croses	89
	ONDERENING OF	11					U
ATION	TO THE DEAT	ANT CONDITIONS COI H BUT NOT RELATE NDITION CAUSING IT.					
	19A. DATE OF OPI	ERATION 198. CONDITION WAS PERFO	TON FOR WH	ICH OPERATION	20 A. AUTOPSY? (Yes	OF No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
	21A. ACCIDENT VOR CONTRIBUTING DEATH (notify med		21B. PL home, etc.)	ACE OF INJURY (e.g., in lorm, foctory, street, of	n or obout 21C. WHERE D lince bldg., INJURY OCCL	ITD (If in Baltime	re City, give exact location)
	21D. TIME (M	onth) (Doy) (Year) (Hour) 21 E. IN	IJURY OCCURRED		D INJURY OCCUR?	
2	(APPROX)		While	Al Not While At Work			
	22. I certify that	(I) (this hospital)	ottended the	deceosed from	1//	19 5 8 to	Jan 23 1966
	that (1) (wet los	t sow the deceased	olive on	Jan 22	19 6 4 0	nd that in (my) (out) op	inion death occurred on the date
	and hour and fro	om the causes stated	above. (1) (We) (did) (did not) v	riew the body ofter de	oth.	
	3A. SIGNATURE	OF	1		/		23B, DATE SIGNED
	home	and 1. 7.	neen	AK.D. Alle	s. Director	Stoff Phy s.	1/24/16
	PHYSICIAN'S NAME (Type)				23D. ADDRESS		
		Norman			11 W. 29	th St.	
24A.	BURIAL CREMAT REMOVAL (Speci	TON, 24B. DATE	24C. NAM	E of CEMETERY of CRI	EMATORY 2	4D, LOCATION (C	City, town, or county) (State)
	Burial	1/25/19	66 She	rwood Chur	ch	Cockeysville	, Balto.Co., Md.
25A.		HEALTH DEPT. 25	B. NAME OF	REGISTRAR	25C. FUNERAL DIRE		ADDRESS
	JA	N 25 1966 (4	4天身小台	- Monday	U. O. STIKE	Balto	12 Ma

Co. 129



Was

BALTIMORE CITY HEALTH DEPARTMENT 66 00846 Registered Na. BIRTH NO. CERTIFICATE OF DEATH if death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased on the M.E. CASE NO. Such 2, DATE AND HOUR OF DEATH (Type or Print) Maud Wiegand Mattingly Jan. 23.1966 hospital Ė 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission 3. PLACE OF DEATH IN BALTIMORE MARYLAND eat ance Maryland (If not in hospital or institution, give street FULL NAME OF Ö HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township attend INSTITUTION 0 D. STREET ADDRESS (If rurol, give locot prior Hillcrest Nursing Home Baltimore, Md. made. regular 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX B. DATE OF BIRTH 6. RACE deceased WIDOWED, DIVORCED (specify) lost birthdov Widowed 8,1883 16A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) disposition = done during most of working life, even if retired) Housewife Own Home Baltimore, Md. Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the Dr. William E. Wiegand E. Florence Green death LO kind; 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance Mrs. Irene W. Penniman. 4614 No any CAUSE OF DEATH pronounced 18. 0 DISEASE OR CONDITION DIRECTLY Also, of embalmed LEADING TO DEATH fracture (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, the chief medical examiner regular injury or camplication which caused death.) ANTECEDENT CAUSES who DUE TO GLO 4 DISEASES OR CONDITIONS, if any, giving ල rise to the above cause (A) stating the physician UNDERLYING CONDITION last. the remains burns; physician was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. ALITOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before the body was released to the hospital by 3 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF °Z MEDICAL DEATH (notify medical examiner) etc. nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While Al Not While I (APPROX.) At Work Work pup any 22. I certify that (I) (this hospital) attended the deceased fram 19 that (1) (we) last saw the deceased alive an and that in (my) (our) opinion death accurred on the date of eath) hospital must and haur and from the causes stated above. (1) (We) (474) (did not) view the body after death, shows: (1) An accident 23A. SIGNATURE D Attending Phys. Med. Stoff 40 Director Phys. approval O prior 23D. ADDRESS 23C. PHYSICIAN'S to NAME (Type) Helfrich 5006 Roland Ave. William G. D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased decease

23R DATE SIGNED (City, town, or county) REMOVAL (Specify Burial 1/25/ 1966 Druid Pikesville, Balto.Co., Md. 258. NAME OF REGISTRAR FUNERAL DIRECTOR Sons Co. 4905 York VS 150-REV, 1/1/65

If Under 24 Hrs.

Hours

If Under 1 Yr.

12. CITIZEN OF

WHAT COUNTRY?

ADDRESS

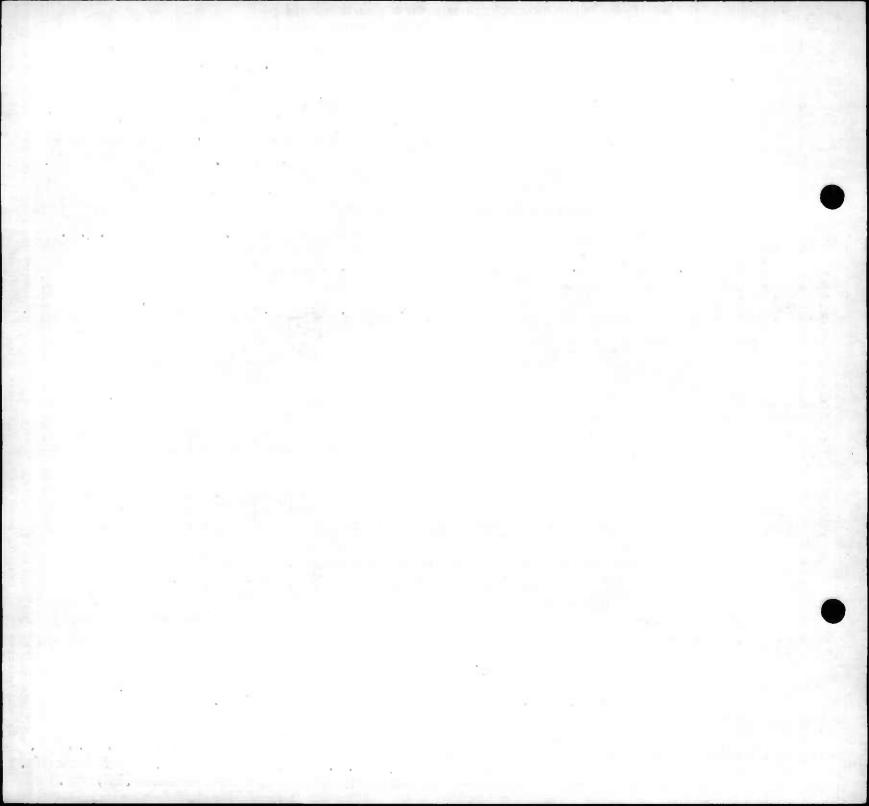
U.S.A.

Roland Ave.

INTERVAL BETWEEN

ONSET AND DEATH

Months Doys



Such

prior to death.

attendance on the

regular

	BALTIMORE CITY	Y HEALTH DEPARTMENT	
erth no. 65 118	CERTIFICA	TE OF DEATH Registered No.	0.00847
M.E. CASE NO.	OEKTII 167		
Type or Print)		2. DATE AND HOUR OF DEATH	058
H444541	WILLIAM	1/24/66	A. A
PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY	nstitution: residence before admission
FILL MARK OF US and in boarded		MARYLAND	
FULL NAME OF (If not in hospital HOSPITAL OR oddress at lacotion INSTITUTION	or institution, give street	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
THE TOTAL PROPERTY OF THE PROP	,	BALTIMORE	
MARYLAND GE	NEPAL HOSPITAL	D. STREET ADDRESS (If rurol, give location)	1
		212 W. MON	
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
MALE WHITE	WIDOWED	3-13-13 52	
A. USUAL OCCUPATION (Give kind of work ine during most of working life, even il retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
Attendant	Gasoline Station	Philda., Pa.	U.S. A.
FATHERS NAME		14. MOTHERS MAIDEN NAME	
AGUSTIBNE HAY	asui a	JANA DENLIN	
. Was Deceased Ever in U. S. Armed Far	16SOCIAL	17. INFORMANT U TO 1	Doel St. Phildren, f
es, no or unknawn) (If yes, give war or date	<u> </u>		. 1)
ES #33071886	a 161 601-3033		L MEDICAL LECON
18.002,11	S X CAUSE O		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR	ECTLY & STA	tration and hely are	Months
LEADING TO DEATH	0- 110 (4)	e to Insmition	110~144
(This does not mean the mode of heart failure, asthenia, etc. It means	dying, est, DUE TO		
injury or complication which caused		nic hung Disease	Years
ANTECEDENT CAUSES	= 1 38 (8) 110	nic. hung Disease	
DISEASES OR CONDITIONS, if	DUE TO	+1 1 .	SI
rise to the obove couse (A)	stating the (C) ULY	nowary Tuberculosis	165LE
UNDERLYING CONDITION IOSI.	E S	······································	
	2		
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	TED TO THE		
	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
0		110	
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	in ar obout 21C. WHERE DID (If in Boltimore bldg., INJURY OCCUR?	e City, give exact lacotion)
21D. TIME (Month) (Doy) (Year)	(Haur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OI MIJORI	While At Not Whi		
(APPROX.)	Wark At Wark		
22. I certify that (1)(this hospital) attended the deceased from	1/2/ 19 66 10 /	124 66 19 66
that (1)(we) last sow the decease	d alive an 1 24166	19 ond that in (my) (aur) api	nian death accurred on the da
and haur and from the causes stat	ed abave (I) (We) (dld) (did not)		
23A. SIGNATURE	14	•	23B. DATE, SIGNED
mobilet &	touch M.D. AH	ending Med. Staff Phys.	1/24/66

23C. PHYSICIANS NAME (Type) Rober 23D. ADDRESS Hospital Maryland General E.S toner M.D. 24B. DATE 24D. LOCATION (City, tawn, ar caunty)

24A. BURIAL CREMATION, REMOVAL (Specify) Burial 6 U.S. National Cemetery

258. NAME OF REGISTRAR

ELLSW

ELLSW 1/28/66

New Jersey

Beverly,

Office of Beverly,

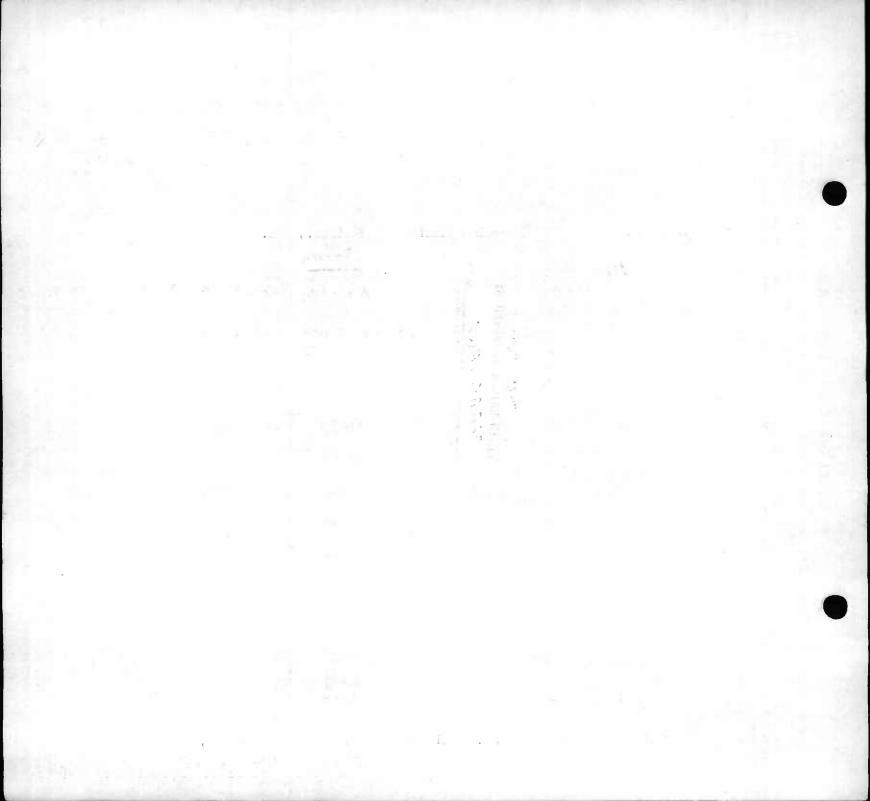
Ilsworth Armacost

t 4600 Liberty Heights

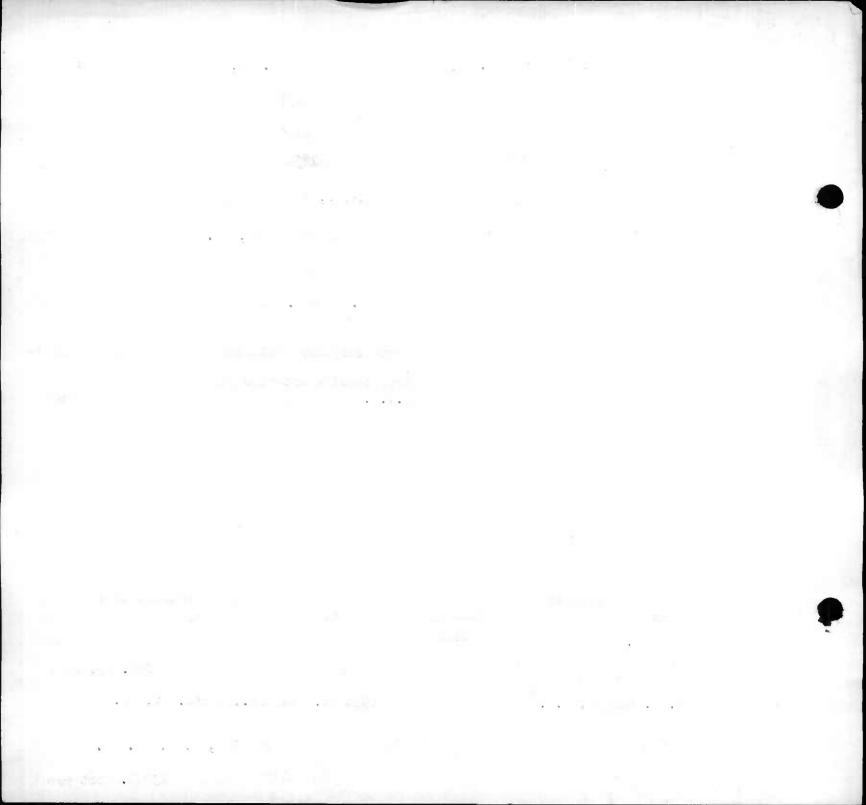
(State)

V\$ 150-REV. 1/1/65

2 6 1966 0 0-



M.E. CASE NO.			CERTIFICA	IE OF			66 00848	5
Type or Print)		erine C	. Simmons			ND HOUR OF DEATH	2.	115 A
PLACE OF DE	ATH IN BALTIMORE, MA		• PTIMITOTI2	4. USUAL	RESIDENCE (WH	24, 1966 ere deceased lived. If	nstitution; residence befo	ore odmissia
FULL NAME (HOSPITAL OR INSTITUTION	OF (If not in hospital a		give street	C. CITY C	B. COU Marylan	ıd -	RURAL ond give towns	ship
101					Baltimo		~ 305	
Manha	all Femanes be	radian.		D. STREET		f rurol, give locotion)		
. SEX	and General Ho		, NEVER MARRIED	8. DATE O		ttery Ave	If Under 1 Yr. If	Under 24 H
Female	White	WIDOWE	D, DIVORCED (specify) Married	June	2, 1911	last birthday)	If Under 1 Yr. If Months Doys Hou	rs Min.
	UPATION (Give kind of work working lile, even if retired)	TOB. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHP	LACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTS	RY?
House		At H	ome	Ea	stern Sho	re, Md.	USA	
3. FATHER'S NA	ME			14. MOTH	ERS MAIDEN N	AME		
	on Tolson				Goldie Ga	rdner		
es, no or unknow	d Ever in U. S. Armed Fare n) (If yes, give wor or dote	ces? s of service)	6. SOCIAL SECURITY NO.	17. INFORA			ADDRESS	
No				Mr. J	ohn R. Si	mmons 400	7th Ave Glen	Burni
1B. 4 2	91/1		CAUSE O	FDEATH			INTERVAL E	
	SE OR CONDITION DIR LEADING TO DEATH		(A) Acut	e coro	nary occ	lusion	5 minu	ites +-
heart foilure,	nat meon the mode of osthenio, etc. It meons mplication which caused	the disease,	Нуре			iosclerotic		
	ANTECEDENT CAUSES		(B) C V	D.,			15 yea	rs +
rise to th	OR CONDITIONS, if (ie obove cause (A) G CONDITION (ost.							
E TO THE D	III IIFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I	TED TO TH	G HE					
	F OPERATION 198. CON WAS PERI	DITION FOR	WHICH OPERATION	20 A. AI	JTOPSY? (Yes or)	10 20 B. IF YES, WERE	FINDINGS CONSIDERE AUSES OF DEATH?	D
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medical examiner	21E hom etc.	B. PLACE OF INJURY (e.g., in ne, farm, foctory, street, of	fice bldg., I	IC. WHERE DID NJURY OCCUR?	(If in Boltimo	re City, give exoct loco	tion)
21D. TIME	(Month) (Day) (Year)	(Hour) 21E	. INJURY OCCURRED	2	IF. HOW DID IN	IJURY OCCUR?		
OF INJURY (APPROX.)		WH	nile At Not While	е				
22 Learnify	. shoe (1) (3636303636361)					19 45 to pre	sent time	10
that (1) 3636) last saw the decease	d alive on	the deceased from	10 (66 and 6	that in (my) (Arith) on	inian death accurre	17d
			I) (XXXXXXXX) (did not) v				man deom decome	J OII THE G
23A. SIGNAT				TOW THE D	007 01161 060111	•	23B. DATE SIGNED	
1	XC/Cu (allo	M.D. Atte	ending x	Med. Director	Stoff Phys.	Jan. 25, 1	1966
23C. PHYSICIA	Type)			23D. ADDR	SS	St., Balto.		.,
	. Rangle, M.D.		AME of CEMETERY of CRI				City, town, or county)	(State)
REMOVAL	(Specify)						,, or county!	(51016)
Buria	1 1 27 190 BY HEALTH DEPT.		Cedar Hill	25C) FI	JHERAL DIRECTO	ookiyn, A. I	. Co. Md.	SS
JAN 2	6 1966 @ 0_ 1	- 2 J	uleu Ma		Mc Cully		130 F Fort	A
/\$ 150-REV. 1/1/	165				- Constant		130 E. Fort	-3V G



was D.O.A.

IMPORTANT

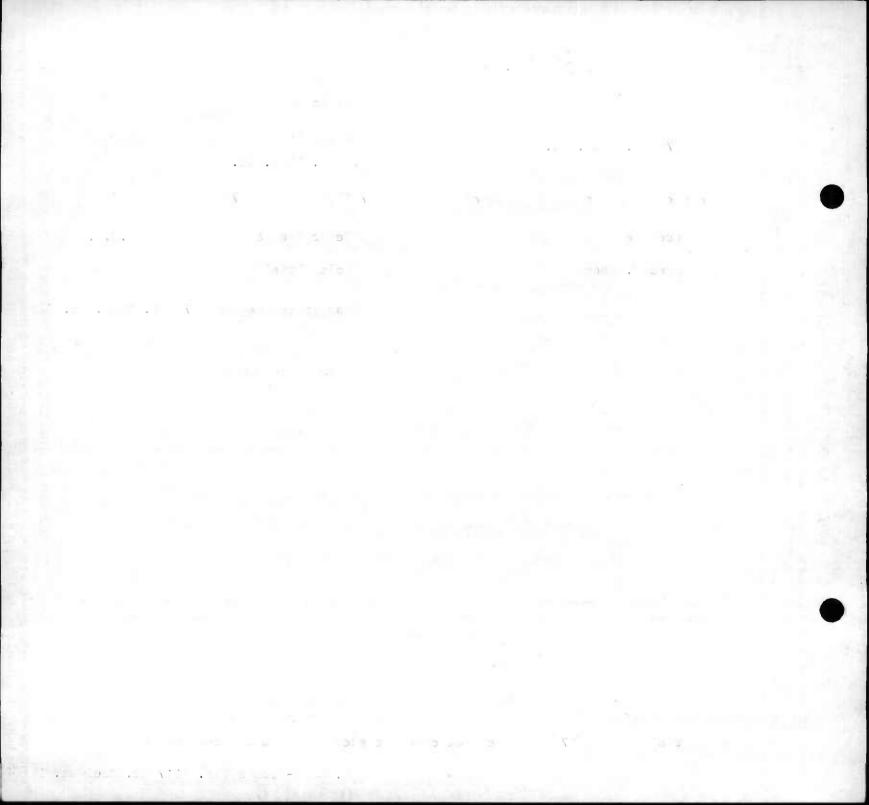
FUNERAL DIRECTOR:

Such

			BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	66 00	849	CERTIFICA	TE OF DEATH	Registered Na.	66 00849
I. NAME OF	DECEASED			2. DATE	AND HOUR OF DEATH	
(Type or Print)	Honora (Ann	nah) a) C. R	edding	1	-24-66	11 A A
3. PLACE OF	DEATH IN BALTIMORE, MA				Where deceased lived. If i	institution: lesidence before admission)
FULL NAM	E OF (If not in hospital	a, institution	alvo shoot	Maryland	6	115
HOSPITAL C	OR address or location	1)	give sheet		outside city limits, write	RURAL and give township)
				Baltimore		
70	1 E. 33rd. St.			D. STREET ADDRESS	(If rural, give location)	
				701 E. 33rd		
5. SEX	6. RACE		, NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
Female	White	Wido		7/21/86	79	
	CCUPATION (Give kind of work tof working life, even if retired)	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
House				Pennsylvan	ia	U.S.A.
13. FATHER'S		<u> </u>		Pennsylvan 14. MOTHER'S MAIDEN	NAME	
Jame	es P. Ahern			Helen Frie	1	
15. Was Decea	sed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	own til yes, give war or date	2 OI SELVICE!	SECURITY NO.	Wien Bilann	D. 111 701	E 22-1 C+ #10
No	0.0.7.1		CAUSE O		Redding /UI	E. 33rd. St. #18
and the same	EASE OR CONDITION DIE	ECTLY				ONSET AND DEATH
010	LEADING TO DEATH		(A) Arr	ariosc lerotic	Caretro - Vas	1-3 Years
	s not meon the mode of ure, osthenio, etc. It meons		DUE TO	larioscherotic	Sedse	
	complication which coused		·	,		
	ANTECEDENT CAUSES		(B)DUE TO		## ###################################	
	OR CONDITIONS, if					
	the obove couse (A)	stoting the	(C)		0 *** 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
O OTHER SI	GNIFICANT CONDITIONS C					
DISEASE	OR CONDITION CAUSING I		1E			
	OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes o	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACC	IDENT WAS UNDERLYING	211	B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DI	D (If in Boltimo	re City, give exact location)
₹ DEATH (n.	RIBUTING CAUSE OF otify medical examiner	hor	ne. form, foctory, street, or .)	hice bidg., INJURY OCCU	(/	
21D. TIME	(Month) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
OF INJUR	Υ	WI	hile At Not Whil			
			ork	4	Pos	1 11 61
22. I cert	tify that (1) (th is hospita) attended		insevery 1	19 % to	(any or) 14 19 66
that (1) (-	(ast saw the decease	ed alive an.	January Re	19 5 3 and	d that in (my) (new) ap	inion death accurred an the da
and haur	and fram the causes sta	ed above.	(I) (We) (did) (did n ot) v	riew the bady after dea	th.	
23A. SIGN	ATURE APPLICATION	1			5. 0	23B. DATE SIGNED
	Ohile 16.	yes.	M.D. Atte	ending Med. Director	Stoff Phys.	1-25266
23C. PHYSI	CIAN'S E (Type)	2 01		23D. ADDRESS	16 Ce	9 12 117
	1-kilo 4	- fly	Mu M.D.	11 6. 6	-1745E JV	AINUX
24A. BURIAL	CREMATION, 248. DATE	124C. N	AME of CEMETERY of CR	EMATORY 241	D. LOCATION (C	City, town, or county) (State)
Buria		6 Ne	ew Cathedral C	emetery	Baltimore, Man	ryland
	C'D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIREC		ADDRESS

VS 150-REV. 1/1/65

Wm. Cook-Brooks Inc. 1217 St. Paul St.



VS 151-REV, 1/1/65

Wm. Cook-Brooks Ine

Baltimore, Md. 21202

• . . .

V\$ 150-REV. 1/1/65

Such

to death.

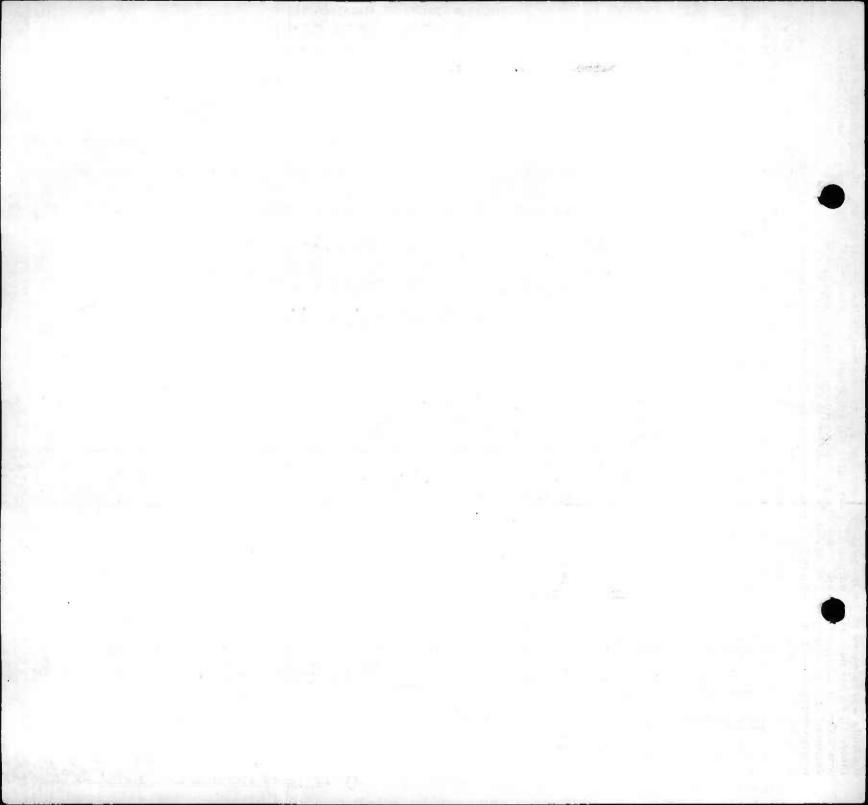
prior

		BALTIMORE CITY	HEALTH DEPARTMENT	1	
	BIRTH NO. 00 00651	CERTIFICA	TE OF DEATH	Registered No.	111851
	M.E. CASE NO.			HOUR OF DEATH	00001
	Type or Print) PEAK. PODLIEY	EDWIN	JAK	1 24 1966	1 84T Du
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	14041000			tion: residence before admission)
I	CERTIFICATE A	AVERNUE U	A. STATE B. COUNT	11	14-1-1
	HOSPITAL OR oddress or location)	3-18-66	C. CITY OR TOWN (If outs	side city limits, write RUR	AL and give township)
1	INSTITUTION		VESSIDA	, , , , , , , , , , , , , , , , , , , ,	(a3-100)
N	UNIVERSITY HOSPI	TAL	D. STREET ADDRESS (If re	urol, give location)	W. 1.7 W
1			ANNAPOLI	S JCT.	
		RIED, NEVER MARRIED	8. DATE OF BIRTH QOL		Under 1 Yr. If Under 24 Hrs. onths: Doys Hours Min.
	MW	OWED, DIVORCED (specify)	319 93-	ost birthdo 69 M	omins; Doys (1001s) 14till.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country.	2. CITIZEN OF WHAT COUNTRY?
	done during most of working lite, even if retired) NONE		NELLO JEDO	CEV	U.S.A.
1	13. FATHER'S NAME		LEW JERS	NE	0.0,71,
	CHARLES	PEAK	CATHERIN	E CAVAI	VOUCH
	15. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	- CAPAI	ADDRESS
	(Yes, no or unknown) (If yes, give wor or dotes of serv	ice) SECURITY NO.		00-000	
	UNIKNOWA	CANCE OF	MEDICAL	KECOKUS	
	1.433,1	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	80.	AIM STEM I	NEADCTICAL	C. Vre
	(This does not mean the mode of dying,	e.g., DUE TO	11/11/11/11/11	1////	
	heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)		4.0		
	ANTECEDENT CAUSES	(B) UEN	UTRICULAR TI	ACHY CARDIN	9-
	DISEASES OR CONDITIONS, if ony, gi				
	rise to the above cause (A) stating UNDERLYING CONDITION last.	The (C)			
	TI III				
	OTHER SIGNIFICANT CONDITIONS CONTRIBE	JTING			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINE	DINGS CONSIDERED
	E		NO		
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi	ice bidg., INJURY OCCUR?	(If in Bollimore Ci	ty, give exact location)
	U	etc.)			1
	OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJE	JRY OCCUR?	
	(APPROX)	While At Work Not While			
	22. I certify that (I) (this hospital) attend	ed the deceased from	fer 19 1	9 66 10 Jan	uary 24 1966
	that (I) (we) last sow the deceased alive	on January o			n deoth occurred on the date
	and hour and from the causes stated above	re. (1) (We) (did) (did not) vi	iew the body after death.		
	23A. SIGNATURE			23	B. DATE SIGNED
	Barray N. Koreston	M.D. After Phys	nding Med.	Stoff Phys.	1/24/66
	23C. PHYSICIAN'S		3D. ADDRESS		111-
	BARRY AL DOSEI	1/5AUM M.D.	DNIVERSI	TY HOSPI	THL
-	24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CREE	MATORY 24D. LC	CATION (City, t	own, or county) (State)
	REMOVAL (Specify)				
	Removal Jan. 25,66	Baptist Cemete	25C. FUNERAL DIRECTOR	embetton, Ne	W Jersey
	JAN 26 1966 (12 Can) 2.	2 Chileso Lan	Wm.Cook-Broo	ks. Inc. 127	17 St. Paul St.
-11	-	and the same of th	HILL COOK-DI OC	TANK 9 ILLU 0 IK	ALC LIBIT AVE IN

1217 St. Paul St.

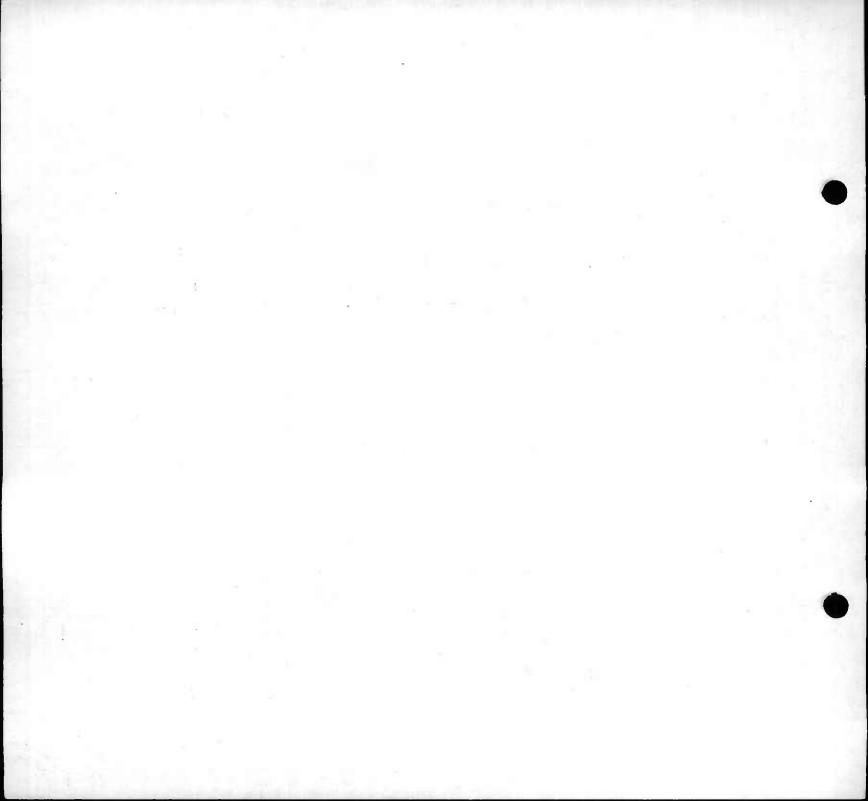
Birth Cert. from New Jersey
3-18-66 M.H.

BIRTH NO. 66 00852 CERTIFICATE OF DEATH Registered No.	
M.E. CASE NO. 1. NAME OF DECEASED (Type or Point) 2. DATE AND HOUR OF DEATH	, 20_
Adeline /8.3 Heim	6 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY	ce before admissi
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or locotion) INSTITUTION MARY AND HOWARD The property of t	township)
	00
4 BON Secours Hospital D. STREET ADDRESS (If rurg, give locotion)	
40 NORMANDY DR	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED 9. AGE (In yeors lost birthdoy) Months Doys	Hours Min
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN O WHAT CO	DE DUNTRT?
	SA
13. FATHER'S NAME	
John BAAdER Louise Bierman	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT ADD	RESS
No None None Mr. John J. Heim same address as a	above
18. 44 0 / I CAUSE OF DEATH INTER	VAL BETWEEN
DISEASE OR CONDITION DIRECTLY	T AND DEATH
LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO ON PARCTION 8	9 AYS
Injury at camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (B) Congestive Heart-Failure 8 (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	-
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Tes or No) 20B. IF TES, WERE FINDINGS CON IN CERTIFYING CAUSES OF DEATH	SIDERED H?
LW Control of the con	. 1 1
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURT OCCUR?	ct locohon)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURT OCCUR?	ct locohon)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURT (APPROX) While At Not While	cf locohon)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME OF INJUST (APPROX.) OF INJUST (APPROX.) ON CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJUST OCCUS? Home, form, foctory, street, office bldg., INJUST OCCUS? While At Work At Work At Work	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME OF INJURT (Month) (Doy) (Year) (Hour) 21E INJURT OCCURRED	254,66
OR CONTRIBUTING CAUSE OF bound of the bound	254,66
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D. TIME OF INJURT (Month) (Doy) (Year) (Hour) 21E INJURT OCCURRED 21F. HOW DID INJURT OCCUR? While At Work At Work 19 19 66 to JANUARY 19 66 to JANUA	254,966 curred an the
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURT OCCURRED 21F. HOW DID INJURT OCCUR? While At Work 22. I certify that (I) (this haspital) attended the deceased fram ANUANY - 1 1966 to JANUANY - that (I) (we) last saw the deceased alive an ANUANY - 25th 1966 and that in (my) (aur) apinian death according to the deceased alive and haur and fram the causes stated above. (I) (We) (did) (did nat) view the bady after death.	2541966 curred an the d
OR CONTRIBUTING CAUSE OF DEATH (notify agricul examines) DEATH (notify agricul examines) DEATH (notify agricular) DEATH (notify agricul examines) DEATH (notify agricul	2541966 curred an the d
OR CONTRIBUTING CAUSE OF DEATH (notify agricul examines) DEATH (notify agricul examines)	2541966 curred an the d
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) DEATH (notify medical examined) Death (notify	254 966 curred an the d
OR CONTRIBUTING CAUSE OF DEATH (noify agadical examined) 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURT OCCURRED 21F. HOW DID INJURT OCCUR? While At Work At Work 1	254 966 curred an the d
OR CONTRIBUTING CAUSE OF DEATH (notify agadical examines) DEATH (notify agadical examines)	254 966 curred an the c
OR CONTRIBUTING CAUSE OF DEATH (notify audical examples) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURT OCCURRED 21F. How DID INJURT OCCUR? While At Work 22. I certify that (I) (this haspital) attended the deceased fram ANUANY 1966 to JANUANY 1966	254 966 curred an the d



BALTIMORE CITY HEAL	TH DEPA	PTMFNT

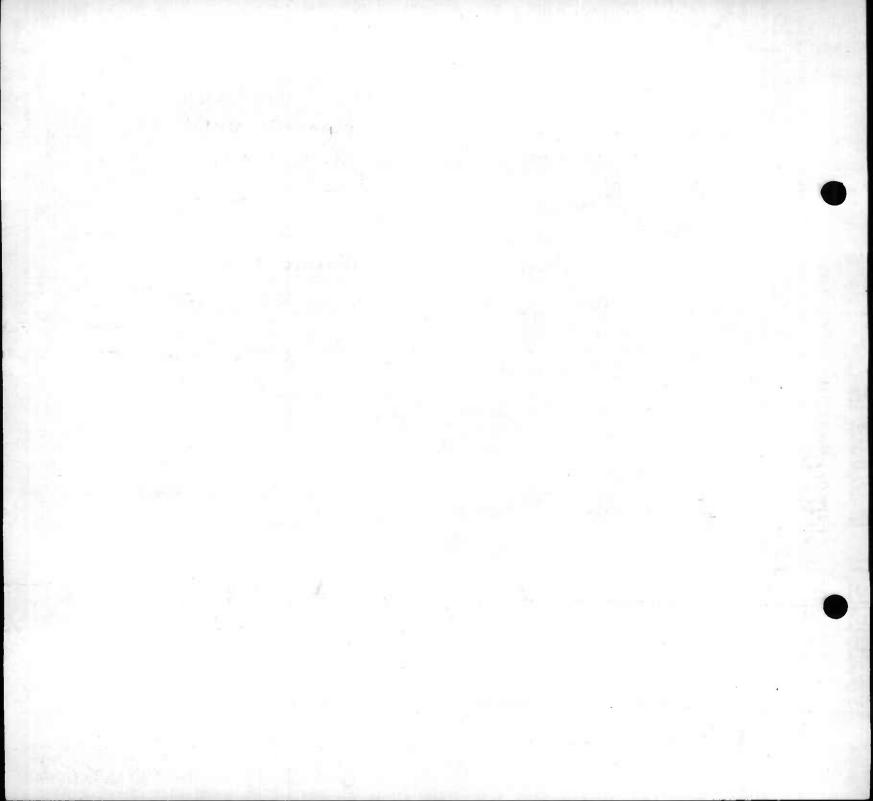
BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. CERTIFICA	ATE OF DEATH Registered No. 6 10853
I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print)	2. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
The second of the second of the second	A. STATE B. COUNTY
FULL NAME OF (II not in haspital or institution, give street	Md /-02
HOSPITAL OR address or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give tawnship)
Il list and Il Ild of the duned	Rultimore.
Lymeran Mospiler of Manganee	D. STREET ADDRESS (If rurol, give location)
	17/2 N. KEN WHOD AVE 21205
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9, AGE fln years If Under 1 Yr., If Under 24 Hrs.
Male TAT Come WIDOWED, DIVORCED (specify)	3-11-01 last birthday! Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign county) 12. CITIZEN OF
done during most of working lite, even if retired)	WHAT COUNTRY?
Cab Driver	Virginia 4.5.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jesse A. Woodward	Constanza Witte
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
fYes, no ar unknown) flf yes, give war ar dates of service) SECURITY NO.	W 7 - 11 - 12
Yes World War II 217-01-6943	Mrs. Bertha Florence Woodward same address
18. 2 6 0 X 1	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	C. V. A. Coronius, north 18-66 ~
(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	
injuty or complication which caused death.)	7-14-000.
ANTECEDENT CAUSES (B)	1109011901111
DISEASES OR CONDITIONS, if ony, giving	1
rise to the above cause (A) stating the (C)	spiratron freinmin.
UNDERLYING CONDITION last.	/ /
Z COURS OF THE STATE OF THE STA	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	170 A ALITORAYA (You or No.) 200 IE VICE WIRD ENDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
© 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g.,	1 C 5
OR CONTRIBUTING CAUSE OF home, form, factory, street,	in or obout 21C. WHERE DID (If in Baltimare City, give exact lacotion) affice bldgs, INJURY OCCUR?
21D. TIME fManth) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY While At Nat Whi	21F. HOW DID INJURY OCCUR?
(APPROX.) White At Work At Work	
22. I certify that (I) (this hospital) attended the deceased from	
	19 66 10 4 19 60,
that (1) (we) last sow the deceased alive on 2 4	
and hour and from the couses stated above. (1) (We) (dld) (did not)	view the body ofter deoth.
23A. SIGNATURE	23 B. DATE SIGNED
	tending Med. Staff
23C. PHYSICIAM'S NAME (Type)	23D. ADDRESS
Local A Shaman M.D.	
Leon 1 Soundon	
REMOVAL (Specify)	REMATORY 24D. LOCATION (City, town, or county) (State)
Burial 1/28/66 Baltimore Nati	onal Cemetery Baltimore, Maryland
2SA. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR Bed DRESS 17
LANGE 1965 A D STO STORMEN O D	Whom to Vectorer - Somo worth LPa.
VS 160 PEV 1/1/46	



IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who managed and also are also as a contribution of any processed of the contribution of any processed of the physician who managed are also as a contribution of any processed of the contribution of the contribution of the contribution of any processed of the contribution of the contri was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

GG 110854 BALTIMORE CI	ITY HEALTH DEPARTMENT 65 00854
BIRTH NO. Washington Co. md. CERTIFIC	CATE OF DEATH Registered No.
TI, NAME OF DECEASED (Type or Print) BEVERLY E. Weedon	12:45 aum. 1/23/66 M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	md. Frederick
HOSPITAL OR address ar location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
ZJohn Hopkins Hospital	Knoxville, Md
Baltimore, Md.	D. STREET ADDRESS (If rural, give lacation) R4, 1, Box 176
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stote or foreign country) Md 12. CITIZEN OF WHAT COUNTRY?
dane during most of werking life, even if retired)	Washington Co. Hosp U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Weedon	Maxine Turner
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war ar dotes of service) SECURITY NO.	17. INFORMANT RACE ADDRESS
NO NO	MAXINE A. Weedon Rt 1-Box 176
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2/
(This does not mean the made of dying, e.g., DUE TO	erdio Respiratory Arrest /2 hour
heart failure, asthenia, etc. It means the disease.	9
injury or camplication which caused death.)	yasthenia GRavis
	was transcent which of the Art of the state
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)	neumonia
UNDERLYING CONDITION last,	h_11_2M_2
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
TRacheostom U 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (6)	g., (i) or obout 21 C. WHERE DID (If in Baltimare City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) A DEATH (notify medical examiner)	, office bldg., INJURY OCCUR?
Q 21D, TIME (Manth) (Day) (Year) (Haur) 21E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) White At Work At W.	While
22. I certify that (I) (this hospital) attended the deceased from	
that (I) (we) last saw the deceased alive an 2011 2:45 and	19 and that in (my) (aur) apinian death accurred on the date
and have and from the causes stated above. (1) (We) (did) (did not	t) view the body after death.
deveal w. Dumensellen	Phys. Director Phys. B. January 20, 176
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Jakou D, low office to the first	o. Johns Hopkins Hospital, Dept. of red.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	CREMATORY 24D. LOCATION (City, town, ar county) (State)
BUTIAL 1-26-66 SUNNYSIDE	Church Frederick co Maryzano
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JAN 26 1966 Pluft & starburd.	of E. Hicks III frederick, md.
VS 150-REV. 1/1/65	0000



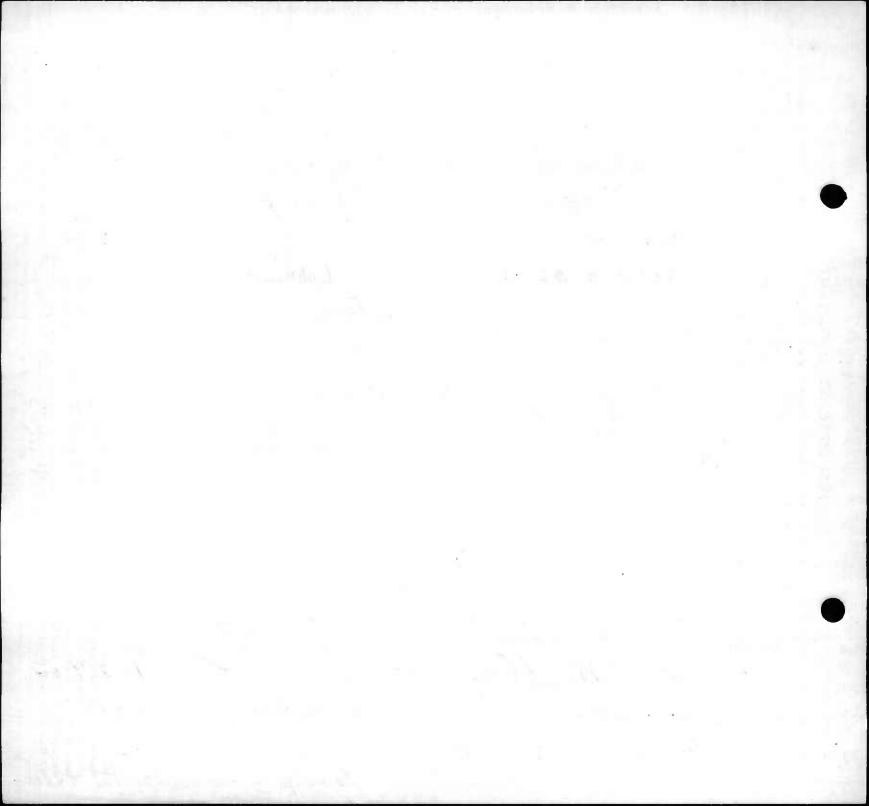
VS 150-REV. 1/1/65

Such

	BALTIMORE CITY HEALTH DEPARTMENT
68 00855	CERTIFICATE OF DEATH

ERTIFICATE OF	DEATH	Registered	No.	-
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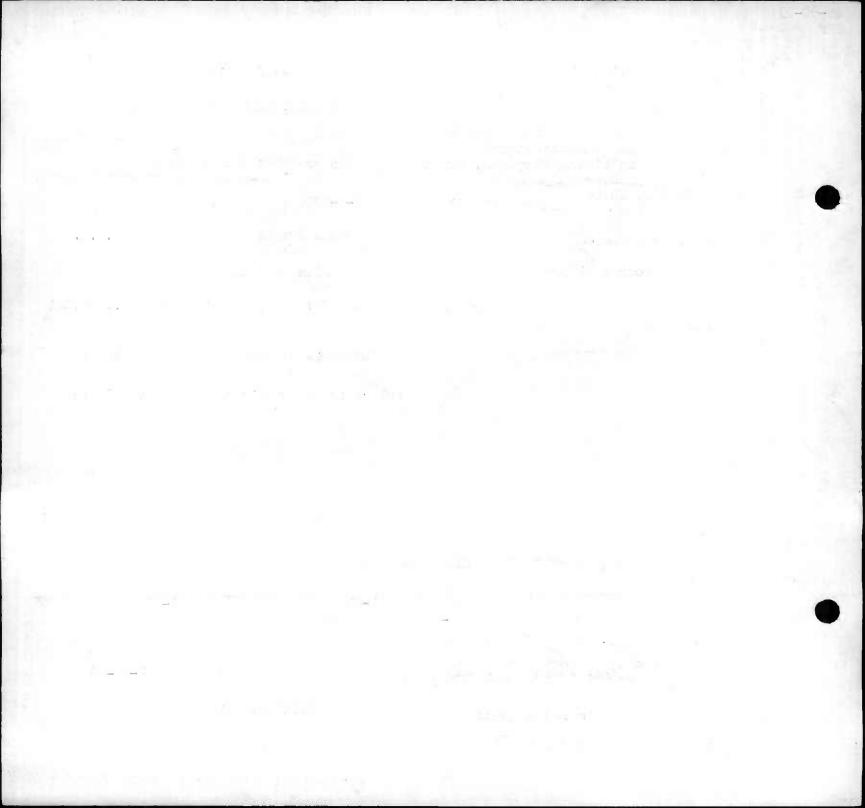
BIRTH NO. 65 (108)	CERTIFICA	ATE OF DEATH Registered No.	45 00855
M.E. CASE NO. 1, NAME OF DECEASED	021(11110)	2. DATE AND HOUR OF DEATH	
(Tuno or Print)	reenstree	7	111. 10.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	EENSTIEE	14. USUAL RESIDENCE (Where deceased lived, If	institution; residence before admission)
		A. STATE B. COUNTY	11
FULL NAME OF (If not in haspital at institution) HOSPITAL OR oddress or location)	utian, give street	Maryland	25-04
INSTITUTION		C. CITY OR TOWN Ilf autside city limits, write	RURAL and give township)
2		Baltimore TE	2/2 25.
0 11 11 11.	111	D. STREET ADDRESS (If rural, give location)	1
South Baltimore GEN	Eral Hosp,	4/2 Pontiac	HVE.
6. RACE 7. MA	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours Min.
F. White	(1) i dans	9-12-1874 89	
OA. USUAL OCCUPATION (Give kind of work 10 B. KIN	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or Toreign country)	12. CITIZEN OF
done during most of working life, even if retired)	N	1/	WHAT COUNTRY?
3. FATHERS NAME	YonE.	14. MOTHER'S MAIDEN NAME	USA
3. TATHERS WANTE		14. MOTTER'S MAIDER HAME	
5. Was Deceased Ever in U. S. Armed Farces?	e	Unknown	
5. Was Deceased Ever in U. S. Armed Farces? Yes, no ar unknown](If yes, give war ar dotes of ser	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
yes, give not a soles of ser	JECORITI NO.	Formally	Same
18. /) / 1	CAUSE	OF DEATH	INTERVAL BETWEEN
4000	CAUSE	OF DEATH /	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C	1/0	
(This does not mean the made of dying,	e.g., DUF TO		
heart failure, asthenia, etc. It means the dis	sease,		
injuly at camplication which caused death,)	A	SCUD	
ANTECEDENT CAUSES	DUETO		
DISEASES OR CONDITIONS, il any,			
use to the above cause (A) stating UNDERLYING CONDITION last.	The (C)	**************************************	
11			
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING		
O THE SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE		
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
19A. DATE OF OPERATION WAS PERFORMED		IN CERTIFYING CA	AUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Boltimo	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, form, factory, street, etc.)	office bldgf, INJURY OCCUR?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
0			
21 D. TIME (Month) (Doy) (Year) (Hour)		21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not Wh		
22. I certify that (this hospital) otten	dad the deceased from	1-23 1966 10	1-23 1966
	4	1. /	
that (we) lost saw the deceased alive	an /- 2.3	and that in (our) ap	Inion death accurred on the dat
and hour and from the couses stated abo	ve. (I) (We) (did) (did not)	view the body after death.	
23A. SIGNATURE	/		23B, DATE SIGNED
12 m		ttending Med. Staff hys. Phys.	1-24-66
23C. PHYSICIAN'S		23D. ADDRESS	1 - 7 - 0
NAME (Type)	M.D		
Dr. M. Kaufman		South Baltimore General H	ospital
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF C	REMAIURY 24D. LOCATION (C	City, town, or county) (State)
Burial 1-27-66	Glen Have	n Glen Burnie	Md.
25A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JAN 26 1966 (P. P. A	Carle Mill	O Be BUB A	227 Pt 1.10
15 150 851/ 1/2//5		1 KB CULLY	23/ 10/. TVPI



25C. FUNERAL DIRECTOR

HEALTH DEPT.

VS 150-REV, 1/1/65



IMPORTANT DIRECTOR: FUNERAL the

approved

hospital

occurred

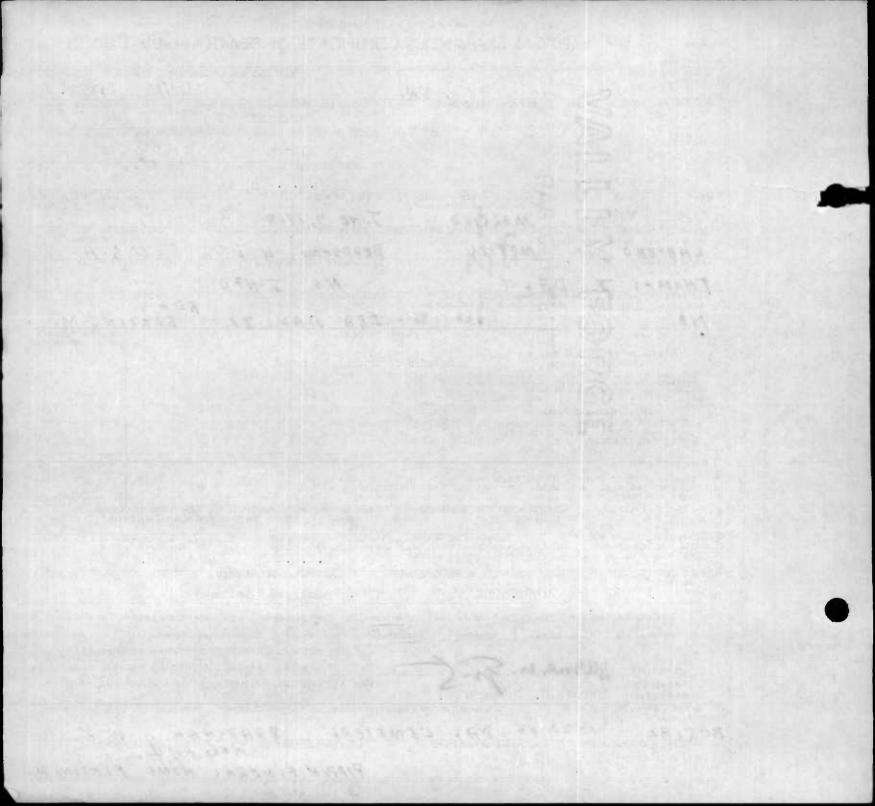
61-06260 Registered No... BIRTH NO. CERTIFICATE OF DEATH pital and of death Deceased (11/73) Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 23 EMUEL no 60 death. RESIDENCE (Where 3. PLACE OF DEATH IN BALTIMORE, MARYLAND deceased lived. If institution: residence ance B. COUNTY A. STATE (2) Md cause FULL NAME DE (If not in hospital or institution, give street HD SPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and (4) Undetermined cause; attend 0 BALT D. STREET ADDRESS prior (If rural, give location) contributing PARK HEIGHS 18 regular made 9. AGE (In years lost birthday) 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. If Un Months Days Hours If Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) BALTIMORE 0 5 SD 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME the direct ROBERT death LO 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL kind or final (Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO. attendance any CAUSE OF DEATH INTERVAL BETWEEN pronounced ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH MENINGITIS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, regular injury or complication which coused death.) HERNIATION OF MEDULLA ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the E physician UNDERLYING CONDITION lost. the remains Was medical П CERTIFICATION DTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. (2) Body 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) the O WAS PERFORMED obtained before 6 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where to the hospital ^oN MEDICAL DEATH (notify medical examiner) etc.) nature; 21 D. TIME 9 (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While (except While At (APPRDX) At Work and Work any 19 66 22. I certify that (+) (this hospital) attended the deceased from 19 66 ond that in (my) (our) opinion death accurred on the date that (t) (we) lost sow the deceased alive on... pe of death) hospital and hour and from the couses stated above. (4) (We) (did) (did not) view the body after death. was released must accident 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Stoff Med. M.D. 66 10 Director Phys. a approval 0 23 C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) An M.D. d BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY OF CREMATORY **LOCATION** (City, town, or county) (State eceased D.0 the body REMOVAL (Specify) written 25B. NAME OF REGIST Was 25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Martha Heir Service Burraid 1/24/66 Brown Warrend Ford Brown Street B. D.

111411		CACITI DEI ANTINCIAI		
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No. LIDA

BIR	TH NO.	65	MEDI	CAL EX	AMINER'S C	ERTIF	ICATE OF I	DEATH Regist	ered Na.	00858
	E CASE NO.									
l. (Ty	NAME OF DEC	EASED	I	ra	Day , SR.		2, DATE ANI	HOUR PRONOUNG		8:15 p. M
	PLACE IN BALT				INCED DEAD	4. USUA A. STAT	L RESIDENCE (Where	- R CO	titution: res UNTY	idence before odmission)
FU HO INS	LL NAME OF	(IF NOT I	OR LOCA	L OR INSTITUTION)	ITION, GIVE STREET	C. CITY	OR TOWN (If outside Elkton	e corporate limits, writ	e RURAL o	ond give township)
Ç						D. STREE	T ADDRESS (If rurol,	give locotion)		/-6/19/
0		ersity F	Jospita	al			R.F.D.	4		
5. 5	พลใจ	6. RACE white		WIDO WED,	NEVER MARRIED DIVORCED (specify) PIED	B. DATE	F 7, 1908	9. AGE (In years last birthdoy)		Doys Hours Min.
104	USUAL OCCL	PATION (Give	kind of work	IOB. KIND OF	RIED BUSINESS OR INDUSTR	Y 11. BIRTH	PLACE (State or foreig	n country)	12. CITIZ	
don	LABOR FATHER'S NAM	ED Ite, eve	n if retired)	MOTO		BRAZ	SHAW W	V.	C.	S · A ·
	THOMA) J.	DA	74			NO I	NFO		
	was DECEASE s, no or unknown)				16. SO CIAL SECURITY NO.	17. INFOR	20	, ,	ADDRES # 3	
_	110					+KH		J.R. F	ELAT	
	(This does r	SE OR COND LEADING To the mean the osthenio, etc. application which	O DEATH mode of	dying, e.g., the disease,		woun	d of head			INTERVAL BETWEEN ONSET AND DEATH
NOI	DISEASES RISE TO TH	NTECENDEN OR CONDITI E ABOVE CA IG CONDITIO	ONS, IF AN	Y, GIVING	(B)(C)					
CERTIFICATION	TO THE	NIFICANT CO DEATH BUT R CONDITION	NOT REL	ATED TO T						
Ī	19A. DATE OF	OPERATION	198, CONE WAS PERF		WHICH OPERATION		UTOPSY? (Yes or No)	20 B. IF YES, WERE F	INDINGS OF D	CONSIDERED EATH?
MEDICAL	21 A. EXTERNAL UNDERLYING	OR CONTRIB	_	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street, home	in or obou office bldg.	R. F. D.	If in Boltimore City, g		ocotion)
Σ	21D TIME OF INJURY (APPROX.)	(Month) (D	66 2:	(Hour) 2	HILE AT NOT	WHILE X	shot self			
	22. I cert	Ify that I he	old an In			tapsy 🛣		s basis, death in	my opinia	ın
	resul	ted fram: N	atural cau	ses A	sceldent Sulcid		Homicide U		ier 🗌	
	ACTUAL SIGNAT EXAMIN	URE	Ome	n. S	M.C	ASSIST	ANT MEDICAL EX	AMINER 🖾		DATE SIGNED
	NAME (* NOVAL (Specify	MATION, 23	B. DATE		C. NAME of CEMETERY				, town, or	
B 24	ORIAL	BY HEALTH	1 - 27	- 66	DAY CEM OF REGISTRAR	ETE	PL BA	ADSHAN	11	W. V.
2-47	JAN 26	1986	Cat	E. San	Beythill	PI	PPIN FUN	FRAZ HO	40 00	ELKTON, NI
VS	151-REV. 1/1/	65 // 0		7 1	000	0	8 5 7	7//		

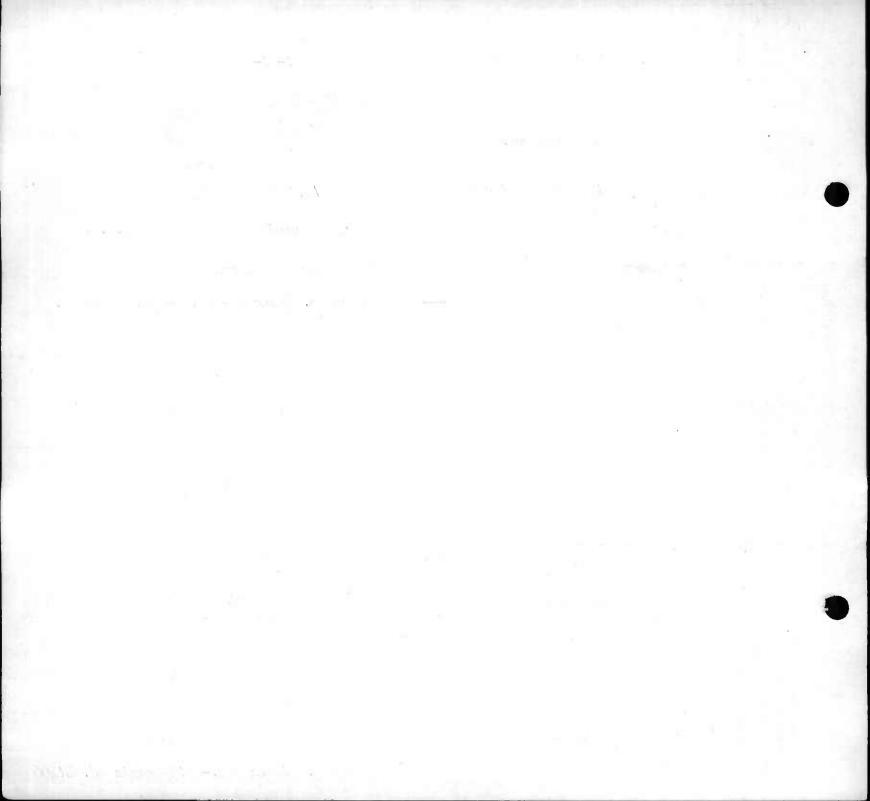


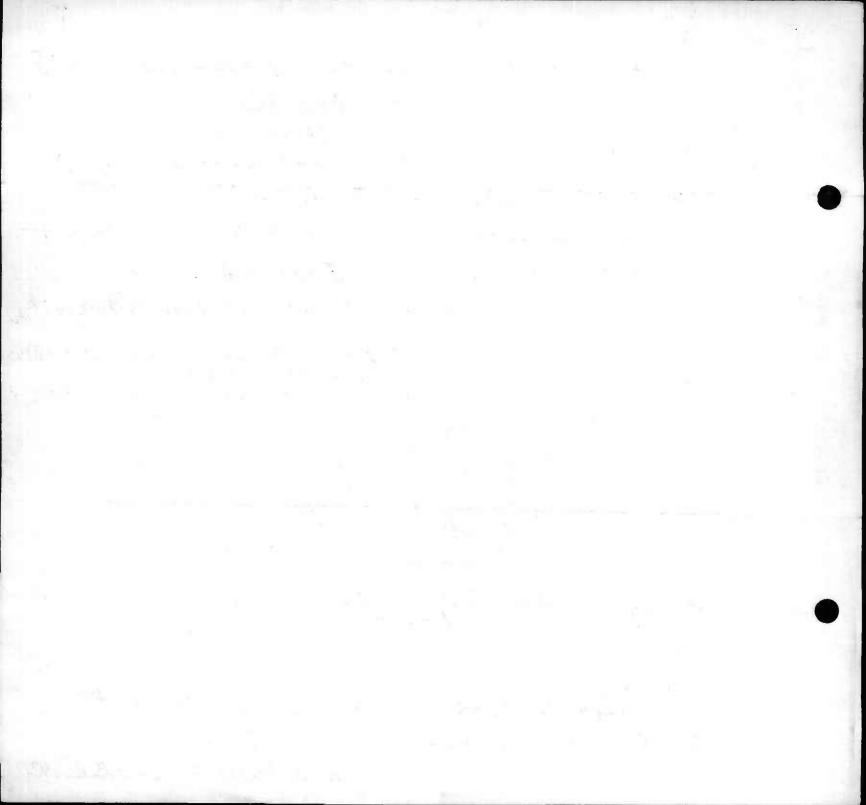
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66	1)	()	13	\mathbf{O}	3

BALTIMORE CITY HEALTH DEPARTMENT

Registered	No.	1 1 1 1	259

BIRTH NO. M.E. CASE NO.	bb	CERTIFIC	ATE OF DEATH	Registered No.	6 00859
I. NAME OF DEC	A. Lillian	Gunn	2. DATE AN	HOUR OF DEATH	Q A.
FULL NAME O		or institution, give street	4. USUAL RESIDENCE (Where A. STATE 8. COUN	e deceosed lived. If in	n stitution: residence before odmission)
HOSPITAL OR INSTITUTION	oddress or location		Baltimore	side city limits, write	RURAL ond give township)
) ()	3202 Lyndali	2 Ave.	D. STREET ADDRESS (If	urol, give location)	
5. SEX		7. MARRIED, NEVER MARRIED	3202 Lynda	AGE (In yours	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Female	White	WIDOWED, DIVORCED (specify)	July 11, 101)		
	working life, even if retired)	10B, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHER'S NA			14. MOTHER'S MAIDEN NAM	A E	
U: Unk				ellner	
Yes no or unknown	(If yes, give wor or dote:	es? s of service) 16. SOCIAL SECURITY NO.	Roland A. Gosne	ell - Rt.2	- Mt. Aireu Md.
18. 44	SE OR CONDITION DIR		OF DEATH		INTERVAL BETWEEN
	LEADING TO DEATH	(A) An	terioscleratic M	ypertensi	ve 19yrs
heort foilure,	not meon the mode of osthenio, etc. It meons application which coused	the disease, death.)	Cardio-Vascu	ld V Disea	se
	ANTECEDENT CAUSES	(B)			
rise to the	OR CONDITIONS, if a cobove couse (A) G CONDITION lost.	ny, giving	***************************************	***************************************	
E TO THE D	II IFICANT CONDITIONS COMMENT DEATH BUT NOT RELA CONDITION CAUSING IT	TED TO THE			
19A. DATE OF		OITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING TING CAUSE OF medicol exominer)	21B. PLACE OF INJURY (e. home, form, foctory, street, etc.)	g., in or obout 21C. WHERE DID to office bldg., thjury occur?	(If in Boltimor	re City, give exact location)
21D. TIME OF INJURY	(Month) (Doy) (Yeor)		21F. HOW DID INJU	JRY OCCUR?	
(APPROX)		While At Work At W			
22. 1 certify	that (1) (this hospital	attended the deceased fram		947 10 /-	- 15- 1966
that (1) (+++)	last sow the decease	d olive on 1- 15-	19 6 6 and the	et in (my) (see) api	inion deoth accurred an the date
		ed abave. (I) (Wa) (did) (did me	t) view the body after death.		
23A. SIGNATU	01		Attending (Attend	21-11	23B. DATE SIGNED
m		aug M.D.		Stoff Phys.	1-22-66
23C.PHYSICIA		Lang M.	D. 2117 Belai	r Rd	Balto Mdzizi
Burial		6 Western (em		altimore M	ity, town, or county) (State)
	BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	undivice it	ADDRESS
JAN 26	1966 00 8	2 Fall us a	John G. Mille	r Inc6415	Belair Rd. 21206
VS 150-REV. 1/1/	65		0 0 0 0		





BALTIMORE CITY HEALTH DEPARTMENT 66 0086 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED HARRY 2. DATE AND HOUR PRONOUNCED DEAD HARRY SHELTON XHAKREX L. SHELTON January 21 1966 9.50 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) B. COUNTY Maryland
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION D. STREET ADDRESS (If rurol, give locotion)
3524 Woodland Avenue SINAI HOSPITAL 7. MARRIED, NEVER MARRIED 9. AGE (In years lost XIX doy) 73 6. RACE B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. 5. SEX Months , Doys , Hours , WIDOWED, DIVORCED(specify) XXXX White JANUARY 31, 1892 WILLE SEPARATED JANUARY 31, 1892 X 12. CITIZEN OF done during most of working life, even if retired) RETIRED VIRGINIA U.S.A. 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME OTIS G. SHELTON UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. NO 232-12-7517 ۱В. CAUSE OF DEATH 050/ DISEASE OR CONDITION DIRECTLY Arterioselerotic cardiovascular LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failute, asthenia, etc. It means the disease, injury or complication which caused death.) disease ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO

WHAT COUNTRY? MRS. DOROTHY M. PHIPPS, 4700 SAYER AVENUE #29 INTERVAL BETWEEN ONSET AND DEATH 20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED 21 A. EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? UTING CAUSE OF DEATH. 21 D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK 22. Autapsy I certify that I held an Inquiry Inspection Y and that an this basis, death in my apinion resulted fram: Natural causes X Accident Suiclde Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED M. D. ASSISTANT MEDICAL EXAMINER & Jan. SIGNATURE Spitz, ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY OF CREMATORY 23 D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) BURIAL 1/25/66 WOODLAWN CEMETERY BALTIMORE. MARYLAND 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR HUBBARD FUNERAL HOME, 4107 WILKENS AVE. # 29 VS 151-REV. 1/1/65

3.017 , , La Partie Company of the RESERVE AND DESIGNATION OF THE PARTY OF

VS 150-REV. 1/1/65

SAB-36-45-	15]					BALTIMORE CITY	HEALTH DEPARTME	NT	66 00000
0211	0.5	100	H NO.	66 068	362	CERTIFICA	TE OF DEAT	Registered No	66 00862
	Suc	1. N	AME OF DECEA	SED	0	1.1	2. DA	TE AND HOUR OF DEATH	. 6
= P 9	h. S			IN BALTIMORE	4 200 CC	tty	He Misseal RESIDENCE	1-29-66 I Where deceased lived. If	12 PM.
hospit se of (5) De	at	3. 1	TACE OF DEATE	IN BALLIMORE	MARIEAND		A, STATE B.	COUNTY	institution: residence before odmission)
a hos cause se; (5)	deat	F	ULL NAME OF	(If not in hosp oddress or loc	ital or institution,	give sheet	Maryland	IIf outside city limits write	RURAL and give township)
fin a ng cau	attend ior to	- 11	NOITUTITZ	Baltimore	City Hos	spitals	Baltimore	in outside city littlis, write	KOKAL ona give township
in	prior	31	,	4940 East			D. STREET ADDRESS 6301 Ellio	(If rural, give location)	21224
70.=	San a			Baltimore					·
death occurred in	egular ased pi	5. \$		RACE	WIDOWE	D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
Occ.	eas is r		lale	White	Widow	JOC F BUSINESS OR INDUSTRY	1-25-1882	at fateign country)	12. CITIZEN OF
t c	ece on	done	during most of wor	king life, even if retir	ed)		Maryland	or total gir doctiny,	WHAT COUNTRY?
dea Und	as e d ositi	1 -	Moulder-t	etirea	lr	on	14. MOTHER'S MAIDE	N NAME	0.0.A.
	th was in the dec			1427	land IP Da	- 4 4			erine Ryan
Ztip	ath on	15. \	Nas Deceased Ex	er in U. S. Armed	Lard F. Be	1 6. SOCIAL	17. INFORMANT	Kathe	ADDRESS
+ 0.1	900		No or unknown)	f yes, give wor or	dotes of service)	SECURITY NO.	Records: BCH	-4940 Eastern	Avenue 21224
S ass if r	TO 0 .	-	18. J.f. 9	0.11		CAUSE O		. 4,44 = 0.00 00 00	INTERVAL BETWEEN
MP his so, of a	ou p			OR CONDITION			· 1 · 0	+	ONSET AND DEATH
	r att			ADING TO DEA mean the mode			Farhai a	wws.	S hu
S Par	200		heort failure, os	thenia, etc. 11 me	ans the disease,				
CTOR: I	900			TECEDENT CAU		(B)	MI	<u></u>	~1) mm
0 0 5	wh are			CONDITIONS,		01300	45CUD		~ 15 mm
E - 00				above couse CONDITION lost.	(A) slating the	(C)	42 C O D		· co year
AL D medicc edical burns;	vas was mair	7		II					
RAL DI f medical medical		ATION	TO THE DEA	ANT CONDITION TH BUT NOT I	RELATED TO TH	G fE			
E + E >	physician ore the re	FICA		PERATION 198.		WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 208. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
3 0 2 -	- > 0	CERTIFIC	2				Yes		Yes
F 410		1.	OR CONTRIBUTION DEATH (notily m	WAS UNDERLYIN	G 218	B. PLACE OF INJURY (e.g., ine, form, foctory, street, or	ffice bldg., INJURY OCC	UR?	ore City, give exact location)
> ± 6		2		Month) (Day) (Y		. INJURY OCCURRED	21F HOW D	ID INJURY OCCUR?	
ed atu	19.00	ME	OF INJURY		W	nile At Not Whil	е 🦳	ID III OCCUR.	
00 ×	3 = 5			at (1) this been	We beneat	the deceased fram		10 66 40	1-24 1066
appr to th	(1)			st saw the dece		B ~ + +		and that in(my) faur) as	pinian death accurred an the date
0 -	5 TO					(We) (did) (did nat)			
ust be	ospital death) must be		23A. SIGNATURE		0		•		23 B. DATE SIGNED
e must releas accide	- 0 -		13	can B	Lower	M.D. Atte	ending Med. Director	Stoff Phys.	1-24-66
0 - 0			23C. PHYSICIAN'S	S .	2 0		2940 Eastern	Avenue, Baltin	more, Maryland
certificat body was		244	DIIDIAL CAFA	BRIAN	13. 130	M.D.		()	
cerrit body ws: (1)		_	REMOVAL (Spe	cily)		AME of CEMETERY of CR			City, town, or county) IState)
	was D.C decease written		mial . DATE REC'D BY	1/27 HEALTH DEPT.		arkwood Cemete	25C. FUNERAL DIR	Parkville,	MQ.
This the sho	dece		JAN 26	1966 00	\$ 2.5	of REGISTRAN			O Belair Road.

24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) Parkwood Cemetery Parkville, Md. ADDRESS 25C. FUNERAL DIRECTOR Mlrich Funeral Home 4210 Belair Road.

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eath occurred in a hospital and or contributing cause of death (4) Undetermined cause; (5) Deceased

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	U
1. NAME OF DECEASED	
(Type or Print)	

Isabel C. Hurd

(If not in hospital or institution, give street

2. DATE AND HOUR OF DEATH January 24, 1966

6

	BIRT	H NO.
		AME OF DECE
	3. F	LACE OF DEAT
	1	FULL NAME OF HOSPITAL OR NSTITUTION
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E	Fe	emale
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S		George
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remai	TION	OTHER SIGNIF TO THE DE DISEASE OR C
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				2000	V	0.	11000	
PLACE	OF	DEATH	IN	BALTIMORE,	MARY	LAND		

oddress or location)

4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE

8. COUNTY Marvland

Baltimore

CITY OR TOWN (If outside city limits, write RURAL and give township

513 N. Lakewood Ave.			D. STREET ADDRESS (If rurol, give location)				
			51.3 1	N. Lakewood	Ave.		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
Female	White	Married	Jan. 29, 1884	81			
	CUPATION (Give kind of wo of working life, even if retired	ork 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?		
At home			Maryland.		U.S.A.		
13. FATHER'S N.	AME		14. MOTHER'S MAIDEN NAME				
Georg	e Magaw		Wilhelm	ina			

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of		17. INFORMA	ANT					ADDRESS	
No		Harry 1	P.	Hurd,	Sr.,	513	N.	Lakewood Ave	•
18. /70 X I	CAUSE O	F DEATH						INTERVAL BETW	

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., hearl foilure, asthenia, etc. It means the disease, injury or complication which coused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.

(B) Carcinona of Left Breast

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No)

CERTIFI 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDIC

21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? etc.)

(If in Baltimore City, give exact location)

(Month) (Doy) (Year) OF INJURY (APPROX.)

21 E INJURY OCCURRED Not While While At

21F. HOW DID INJURY OCCUR?

22.	I certify	that	(I) (H	-	pitel) o	ttended	the	deceose	d fr
that	(I) (we)	lost	saw	he dec	eased a	alive or	1	rme	7
and	have size				esessid.	abaua	K	MEN (313)	7.

At Work

ond that in(my) (🚧) opinion (Joth occurred on the date

(did) (did) (did the body after death. 23A. SIGNATURE

Work

Mickael	Q.	Hay	sch
23C. PHYSICIAN'S NAME (Type)	0		

Attending 7 M.D. Phys. 23 D. ADDRESS

Stoff	
Phys.	

23B. DATE SIGNED

Michael J. Dausch 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY of CREMATORY

M.D

4636 Belair Road 24D. LOCATION

(City, town, or county)

REMOVAL (Specify) Burial REC'D BY HEALTH DEPT.

1.26/66 Parkwood Cemetery 258 NAME OF REGISTRAR

Parkville, Md 25C. FUNERAL DIRECTOR

Med.

Director

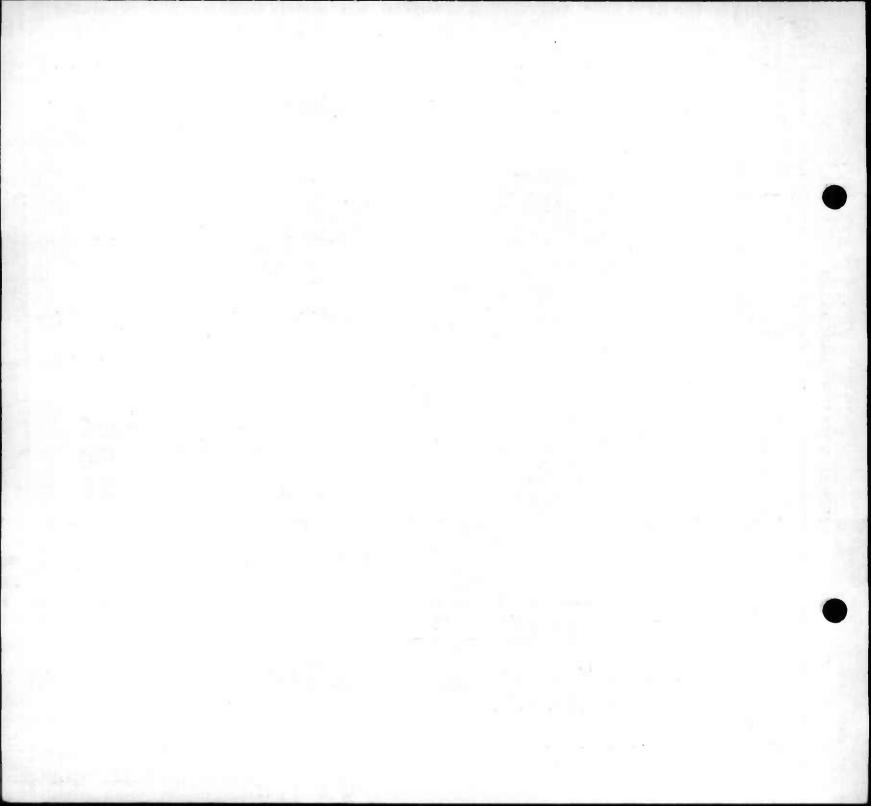
ADDRESS

Ullrich Funeral Home 4210 Belair Road.

VS 150-REV. 1/1/65

19 66

the chief medical examiner physician was he body was released to the hospital by be obtained before 3 where °Z An accident of any nature; 9 death) hospital must 0 approval O prior 10 eceased D.0 written shows: M ds



VS 150-REV, 1/1/65

6. RACE

James B. Matthews

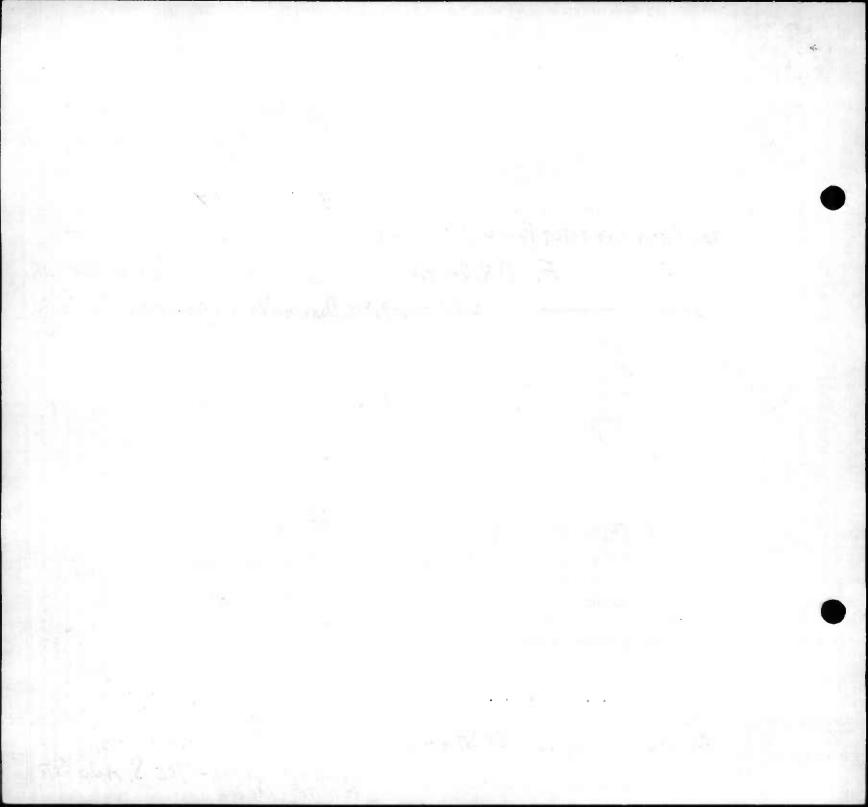
		BALTIMORE CITY	HEALTH DEPARTM	ENT	1	00004	
6 00864		CERTIFICA	TE OF DEA	TH /	Registered No.	HUSSIA	
			2, D	ATE AND	HOUR OF DEATH		
Catherine		Tysinger			25, 1966	2:15	/VI.
BALTIMORE, MAR	YLAND			CE (Where		stitution: residence be	fare admission)
(If not in hospital a address or location)		ive street	Md. c. city or town Jessur	(If outsic	de city limits, write F	RURAL and give town	ship)
Health Ser	vice Hos	spital	D. STREET ADDRESS (If rurol, give location)				
rive & 3ls		ou .	16 Dorsey Run Road				
W		NEVER MARRIED , DIVORCED (specify)	8. DATE OF BIRTH 7/23/09		AGE (In years st birthday)	If Under 1 Yr. If Months Doys Ho	Under 24 Hrs.
N (Give kind of wark life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	e or loreign	country)	12. CITIZEN OF WHAT COUNT	USA
			14. MOTHER'S MAID	EN NAM			
B. Matthe	ews	'	Emma Justus				
n U. S. Armed Forces, give wor or dotes		1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
		238-14-5950	Records-	US PH	S Hospital	, Balto, Mo	1.
1		CAUSE O	FDEATH			INTERVAL ONSET AN	
CONDITION DIR	ECTLY	(A)	ncer of the	breas	t with	8 yrs.	
on the mode of nio, etc. It meons on which coused	the discose,	DUE TO	metastasis				v v v v v v v v v v v v v v v v v v
CEDENT CAUSES		(B)					*** ***********************************
ONDITIONS, if of over course (A)	, , ,	(C)		~ _ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			

18. / 20 X I	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	Cancer of the breast w	with 8 yrs.
1This does not meon the mode of dyin heart failure, asthenia, etc. 11 means the injury or complication which coused dear	diseose,	
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stol UNDERLYING CONDITION lost.	5 0	
- II	Status post left mastectomy	8 yrs
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	KIBOTING	2 yrs
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM		F YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? etc.)	Ilf in Boltimore City, give exact location)
21D. TIME Manth) Day) Year) (Ha OF INJURY (APPROX.)	ue) 21E, INJURY OCCURRED 21F. HOW DID INJURY OC While At Work At Work	CUR?
that (A) (we) last sow the deceased of	ended the deceosed from JULY 12 1965 ive an Jan, 25 1966 and that in (m bove. (1) (We) (did) (did) (fol) view the body ofter death.	to Jan, 25 19 66
23A. SIGNATURE	Servery, (1.6) (dray (gry).gr) view the body offer deaths	23B. DATE SIGNED
Alvin I	M.D. Attending Med. Stolf Phys. X	1/25/66
23C. PHYSICIANS NAME Type) Alvin Stein, Surgeo	23D. ADDRESS M.D. US PHS Hospital, B	alto, Md.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION	N (City, town, or county) (State)
Burial 1/21/66	Greenlawn Memorial Cemetery Wilmi	ngton, N.C.
SA. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS

Funeral Home 4210 Belair Road.

Olive Flere

		BALTIMORE CITY HEALTH DEPAR	TMENT GG DORGS
	TH NO. 66 00865	CERTIFICATE OF DE	Registered No.
1. N (Ty)	PLACE OF DEATH IN BALTIMORE MARYLAND	Krisman	2. DATE AND HOUR OF DEATH 1-25-66 8:15 A.M.
	FULL NAME OF (If not in hospital or instituting the state of the state	an, give street	B. COUNTY 1-02
	NSTITUTION	D. STREET ADD	VN (In outside city limits, write RURAL and give township) + MOPE 2/224 RESS (If rural, give location)
S. :		NE Pal Hospi 290 ED, NEVER MARRIED B. DATE OF BIRT	9 Eastern AVE. H 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
102	USUAL OCCUPATION (Give kind of work 108. KINE	OF BUSINESS OR INDUSTRY 11, BIRTHPLACE	State or foreign country) 17 Onder 17, If Under 24 Hrs. Months: Doys Hours Min.
70	e during most of working life, even if retired) OL CRIB OPERATOR FAV FATHERS NAME	ON PLASTICS CO. Balti	MOLE Md. WHAT, COUNTRY?
	Was Decoased Ever in U. S. Armed Forces?	RISMAN 17. INFORMANT	atherine LUKASZEWSKi
l Te	s,no or unknown) (If yes, give wor or dotes of servi	218-05-0649 MRS DOR	STHY VALANCIUS - 1106 OREAS Rd.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	g. DUE TO ASSE AND	onset and death
	(This does not mean the made al dying, heart lailure, asthenia, etc. Il means the dise injury or complication which caused death.)	g. DUE TO	100
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, given is the above cause (A) stating UNDERLYING CONDITION last.		Je tobo
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		
ERTIFICA		R WHICH OPERATION 20A, AUTOPS	(? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about 21C. Withome, form, factory, street, office bldg., INJURY etc.)	
MEDI	21 D. TIME (Month) (Day) (Year) (Hour) (APPROX.)	21F. HO While At Not While At Work	W DID INJURY OCCUR?
	22. I certify that (this hospital) attended that (we) last saw the deceased alive	1 3 / 1/	and that in (aur) aplaian death accurred an the date
	and haur and from the causes stated above	M.D. Attending M	23 B. DATE SIGNED
	23C. PHYSICIANS NAME Type: C.C. Palad, M.	Phys. Di	imore General Hospital
24/	BURIAL CREMATION, 24B. DATE 246. BURIAL (Specify)	NAME OF CEMETERY OF CREMATORY	BALTIMORE - Md. (Stote)
25 /	AN 26 1966 0 0 15 8	E OF REGISTRAR 2SC. FUNERA GEORGI	L DIRECTOR C ADDRESS C
VS	150-REV. 1/1/65	PER T	ED WEBER



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(If not in hospital or institution, give street

R HAUS-ED WARD M

BIRTH NO.

M.E. CASE NO.

(Type or Print)

I. NAME OF DECEASED

FULL NAME OF

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

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25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY Maryland. Harford (If outside city fimits, write RURAL and give township (If rurol, give tocotion) If Under 1 Yr. If Under 24 Hrs. Months Dovs Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A inneman ADDRESS as almane INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 23B. DATE SIGNED Baltimore. Havre de Grace FUNERAL DIRECTO

A CONTRACT CONTRACT CO

5-1 S.H

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IMPORTANT DIRECTOR: FUNERAL

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Registered No.66 00867 BALTIMORE CITY HEALTH DEPARTMENT 66 00867 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH WILLIAM HARRIS 1-23-1966 Н. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND (If not in hospital or institution, give street FULL NAME OF Maryland HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION Baltimore
D. STREET ADDRESS (Il rurol, give location) 1725 N. Spring Street 1725 N. Spring Street pow 9. AGE (In years lost birthday) 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH II Under 1 Yr. Months Doys Hours WIDOWED, DIVORCED (specify) Male Negro 11-11-1898 Married 67 16A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even it retired) Brick Layer U.S.A. Brick layer Richmond, Va. 13. FATHERS NAME 4. MOTHER'S MAIDEN NAME Isaac H. Harris Martha Madden 6. SOCIAL SEC 5. Was Deceased Ever in U. S. Armed Forces Spring St. or final (Yes, no or unknawn) (If yes, give war or dates of serv MER Mrs. Rose Ella Harris 5 ASS.T. MEDICAL EXAM EXAMINER'S AUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med Toux-belevole LEADING TO DEATH (This daes not mean the mode of dying, embal heart failure, asthenia, etc. It means the dise injury or camplication which caused death.) BIEDICAL ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, O. Hee rise to the above cause (A) CHEF UNDERLYING CONDITION last. the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY2 (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before O 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR OF INJURY While At Not While (APPROX) At Work Work 22. I certify that (1) (this hospital) attended the deceased from pe that (I) (we) last saw the deceased olive op: and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending [M.D. Med. Stoff Phys. Director ___ approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE town, or county)

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) II Under 24 Hrs. and that In(my) (our) opinion death occurred on the date REMOVAL (Specify) Baltimore, Maryland Mt. Calvary Cemetery 1 - 28 - 66Burial 25C. FUNERAL DIRECTOR 1735 Harford Ave. 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR VS 150-REV. 1/1/65

artino Leavel From

VS 150-REV. 1/1/65

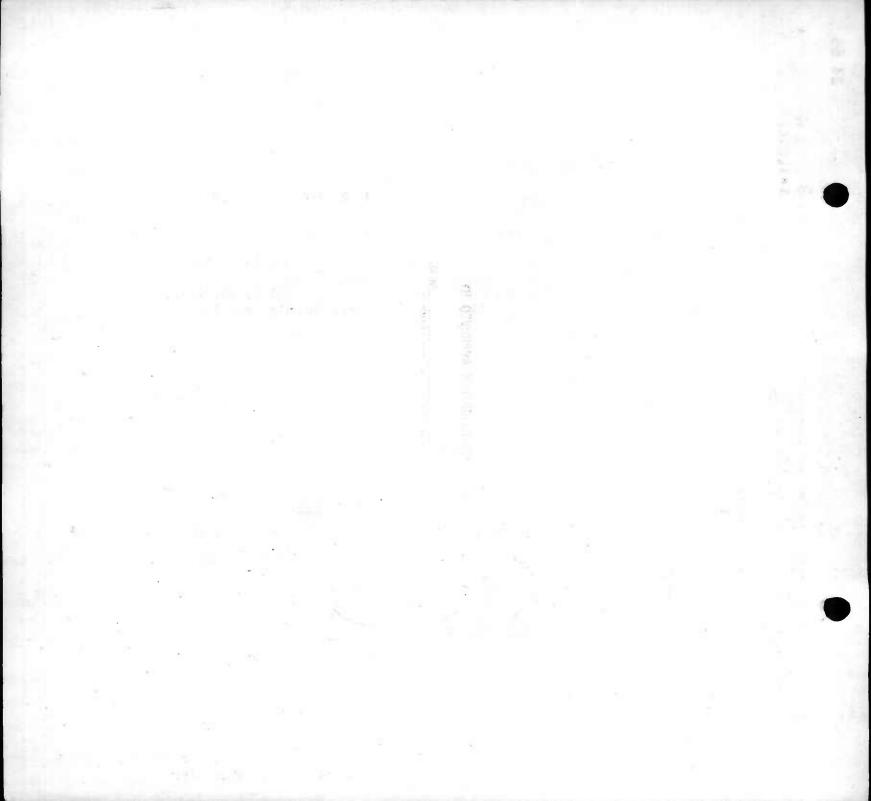
Hospital

Hopkins

Dwight

25C. FUNERAL DIRECTOR

Jones,



66 00869	BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO.	CERTIFICATE OF DEATH Registered No. 6 91869
M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) Weidner, Edw	9- en 1/24/6 "
3. PLACE OF DEATH IN BALTIMORE MARYLAND	14. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)
Church Home + H	A. STATE B. COUNTY
FULL NAME OF (If nat in haspital or institution, give	e steet Maryland
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
INSTITUTION	C. CIT ON 10 WIS IN SINGE CHY INITIAS, WHIE KOKAL UIIU GIVE KOWISHIP)
4	Baltimore
	D. STREET ADDRESS (If rurol, give location)
	611 N. Rose St.
5. SEX 6. RACE 7. MARRIED, N	EVER MARRIED DIVORCED (specify) B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
M Canc W	2/4//5
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BI	USINESS OR INDUSTRY 11. BIRTHALACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even it retired)	WHAT COUNTRY?
	Marchaus II CA
	od Arsenal Manyland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Danneman
Commo Washing	
George Weidner	Margaret Dankornkanox
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL 17. INFORMANT ADDRESS
yes $ WW ^2 - Army 21 ^3$	3-01-3835 chart
18. [()]	CAUSE OF DEATH INTERVAL BETWEEN
S CONTROL DISCOUR	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) Bleeding Esoffageol Varies (B) twee Circloses (C) Potlaf 1 ty pertension
	(A) Stelling Isopaged Varies
(This does not mean the made of dying, e.g.,	DUE TO
heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.)	
injuly of complication which caused deam.	Leve Court of
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DISEASES OF CONDITIONS I	0 021
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	Total to an land
UNDERLYING CONDITION lost.	(c)
ONDERENING CONDITION 1031.	0 V
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WH	HIGH OPERATION 200 AUTORYS (Vo. et No.) 200 IF MES WEST SHIPMES CONSIDERED
3 1/20/66 WAS PERFORMED	IICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
= 31/20/66 Esorange	
U 21A. ACCIDENT WAS UNDERLYING 218. PL	ACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF / home,	form, loctory, street, office bldg., INJURY OCCUR?
Z DEATH (notify medico) exominer)	
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, IP	NUMBER OF STREET
U OF INJURY	NJURY OCCURRED 21F. HOW DID INJURY OCCUR?
≥ (ADDDOV) While	At Not While
Work	At Work
22. I certify that (1) (this haspital) attended the	deceased from Secenter 31 1965 to January 24 1966
that (I) (we) lost sow the deceased alive on.	erwares 24 19 65 and that in (my) (aut) opinion death occurred on the date
and hour and from the causes stated above. (1)	
23A. SIGNATURE	238, DATE SIGNED
Jose G Cil.	Ch D. M.D. Attending Med. Director Phys. D
To the state of	
23C.PHYSICIATES NAME (Type)	23D. ADDRESS
Jose Y. Ortiz	M.D.
	AE of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	ared Heart Cometers Deltimens Mil
Burial 1/28/66 Sac	cred Heart Cemetery Baltimore, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR 25C. FUNERAL DIRECTOR SCHIMUNEK FUNERAL HOME. Inc.
JAN 26 1966 (2.0. F. 90 Fa.	

Hickory Joseph garlinafores Contains is insurable frames or and going a p the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

VS 150-REV. 1/1/65

BALTIMORE	CITY	HEALTH	DEPARTMEN	IT
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	AUGUST	THOMA	S JANDA			23, 1966		5 a
3. PLACE OF DEA	TH IN BALTIMORE,		O'LL (D'L		DENCE (Whe	re deceased lived. Il in	stitution: resider	
SILL NAME C	e (II and in home	ital as instituti		A. STATE	Md.	TTY	-7	-0
FULL NAME O HOSPITAL OR INSTITUTION	oddress or foc	oitol ar instituti cotion)	an, give smeel	C. CITY OR TO		tside city limits, write	RURAL ond give	township)
	520 N. St	reeper	St.		Balti			
	Baltimore			D. STREET ADD		ourol, give locotion) Streeper	St.	
5. SEX	6. RACE	7. MARR	IED, NEVER MARRIED	8. DATE OF BIR		9. AGE (In years	If Under 1 Y	. If Under
male	white		web. DIVORCED (specify) married	10/28/		last birthdoyl	Months Doy	Hours
done during most of	JPATION (Give kind of working life, even if retir	work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or fore	ign country)	12. CITIZEN O	OF OUNTRY?
ret-Civ	il Ser. E	examine	r	Baltin	ore, l	Md.		
13. FATHER'S NAM				14. MOTHER'S		ME		
	unknown	1		unk	nown			
15. Wos Deceosed (Yes, no or unknown	Ever in U. S. Armed	Forces? dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADI	DRESS
yes			212-36-9994	Rose Sp	onsal	Janda, wi	fe, ab	ove
18.24/	X I		CAUSE O	FDEATH				RVAL BETWEET AND DE
	E OR CONDITION		D	RONCHIA	Acres	Til dan		
(This does r	of mean the mode		a.g., DUE TO	CONCITIA	- // 3/	111911	27	yours
heart failure,	asthenia, etc. II me plication which cau	eans the disea						
	ANTECEDENT CAU	ISES	(B)			-a		
DISEASES (R CONDITIONS,	if any, giv						
	e abave cause G CONDITION last.		the (C)	E *****************************	***************************************			
	11							
OTHER SIGNI	FICANT CONDITION	S CONTRIBU	TING THE					
	OPERATION 1198.		OR WHICH OPERATION	20A. AUTOPS	Y? (Yes or No	20B. IF YES, WERE	FINDINGS CON	SIDERED
19A. DATE OF		PERFORMED		/	10	IN CERTIFYING CA	USES OF DEAT	H?
OR CONTRIBLE DEATH (notify	NT WAS UNDERLYIN ITING CAUSE OF medical examines	IG 🗌	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)			(If in Baltimon	e City, give exc	oct location)
0	(Month) (Doy) (Y	eor) (Hour)	21E. INJURY OCCURRED	21 F. H	OW DID IN	URY OCCUR?		
21D. TIME			White At Not While Work	e 🗌				
OF INJURY					-			
OF INJURY	that (1) (this hosp	ital) attende	d the deceased fram	19	5 5	19ta	1-23-	19
OF INJURY (APPROX) 22. I certify			ed the deceased fram			19ta at in(my) (our) api		
OF INJURY (APPROX.) 22. I certify that (1) (we)	last saw the dece	eased alive		19.66	and th	19 <u>ta</u> at in(my) (cor) api		
OF INJURY (APPROX.) 22. I certify that (1) (we)	last saw the dece	eased alive	on /-72-	19.66 iew the bady o	and the	at in(my) (our) api		curred an
22. I certify that (I) (we) and haur and 23A. SIGNATU	last saw the dece	eased alive	on /-72-	iew the bady o	and th		nian death ac	curred an
OF INJURY (APPROX.) 22. I certify that (I) (we) and have and 23A. SIGNATU	last saw the dece	stated abave	9, MD M.D. Att.	iew the bady of th	and the	Stoff Phys.	nian death ac	curred an
OF INJURY (APPROX.) 22. I certify that (1) (we) and have any 23A. SIGNATU 23C. PHYSICIA NAME (T	last saw the dece	stated above	(I) (\(\frac{\pmathcal{H}}{\pmathcal{H}}\) (\(\did\) (\(\did\) (\(\did\) (\(\did\) \) (\(\did\) \) (\(\did\) (\(\did\) \) (\(\did\) \) (\(\did\) (\(\did\) \) (\(\did\) \) (\(\did\) \) (\(\did\) (\(\did\) \) (\(\d	iew the bady of the state of th	and the	at in(my) (est) api	nian death ac	curred an
OF INJURY (APPROX.) 22. I certify that (I) (we) and have and 23A. SIGNATU	last saw the dece	stated above	9, MD M.D. Att.	iew the bady of the state of th	and the star death. Med. Director Luze	Stoff Phys	nian death ac	SNED
OF INJUTY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SJEMATU 23C. PHYSICIA NAME (T	last saw the dece	stated above injamin 246 6/66	(I) (\(\frac{\pmathcal{H}}{\pmathcal{H}}\) (\(\did\) (\(\did\) (\(\did\) (\(\did\) \) (\(\did\) \) (\(\did\) (\(\did\) \) (\(\did\) \) (\(\did\) (\(\did\) \) (\(\did\) \) (\(\did\) \) (\(\did\) (\(\did\) \) (\(\d	iew the bady of the state of th	und the sifter death. Med. Director Luze: 24D. L Ba	Stoff Phys	238, DATE SIGNATE, SI	SNED

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ifful eagles, promise and pro-

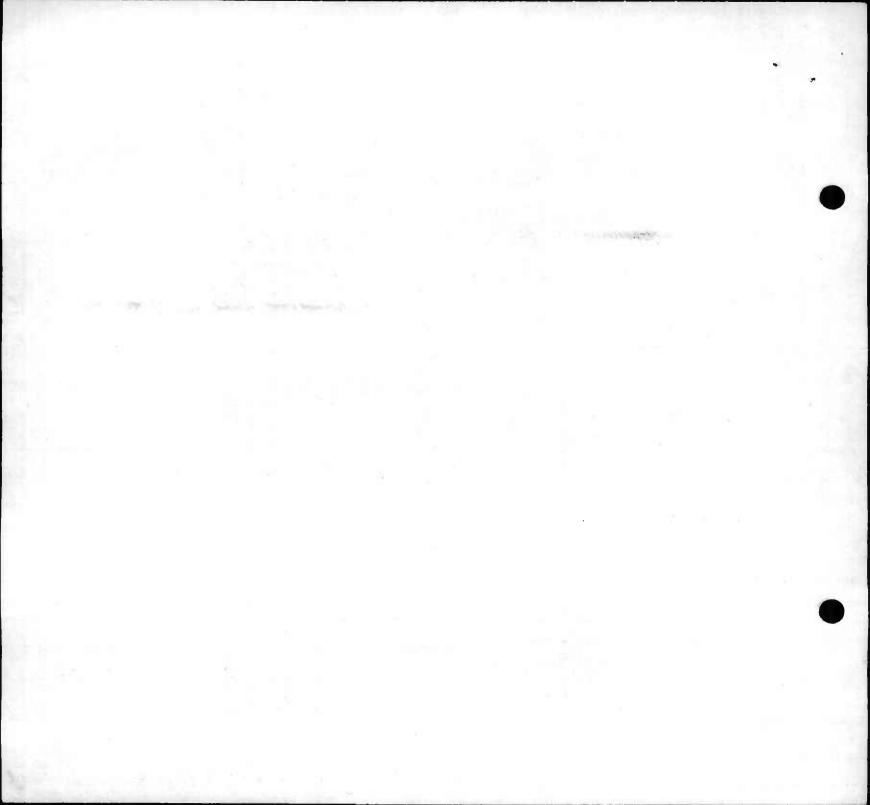
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased of was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the operased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

	BA	LTIMORE CITY H	EALTH DEPARTMENT	(56 011871
	BIRTH NO. M.E. CASE NO. 66 00871 My C	RTIFICAT	E OF DEATH	Registered Na.	.011
	1. NAME OF DECEASED Ludmila or Lily (Type of Print)	4R	/	- 23 - 66	3:10 b.m.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4.	. USUAL RESIDENCE (Whe	re deceased lived. If inst	itution: residence before odmission)
	FULL NAME OF (If not in hospitot or institution, give street HOSPITAL OR oddiess or location)		City of Toyn (If ou	tside city timits, write RU	IRAL ond give township)
7	5 Church Home & Hospital	5	Street ADDRESS (If	turol, give location)	
.0	Specific 1135		- h 1	land Ave	
s mad	5. SEX 6. RACE 7. MARRIED; NEVER A WIDOWED, DIVORGE MOSTRE	ED (specify)	DATE OF BIRTH	72	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
disposition is	done during most of working life, even if relired)		BIRTHPLACE (Stote or fore		12. CITIZEN OF WHAT COUNTRY?
1500	13. FATHER'S NAME		•		
dis	Thanh XXXXXXX Stepa			Havlenova	h a m di popere
final		KITT NO.	Chart		bove
0	18. 20/X 1	CAUSE OF E			INTERVAL BETWEEN ONSET AND DEATH
ned	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) CHi	F a puls	n. solema	days
balmed	(This does not meen the mode ol dying, e.g., heart loilure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO	K .	***	
E B	ANTECEDENT CAUSES	(B) DUE TO	Thema	**************************************	rynh a q* ±nh i mn o 7 o 0 o 0 m × × o 0 × o 0 o 0 o 0 o 0 o 0 o 0 0 0 0
are	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION last.	(C) H	o Lyhin	desione	
remains	_ II			<u> </u>	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
e the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O	PERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
before	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING home, laim, lai	F INJURY (e.g., in or octory, street, office	obout 21 C. WHERE DID	(If in Baltimore	City, give exact location)
ained	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY		21F. HOW DID INJ	URY OCCUR?	11.31
	(APPROX.) While At Work	Not While At Work		4	
opt	22. I certify that (I) (this hospital) attended the decea	1- 7/-	2		an death accurred an the date
t be	and haur and from the causes stated above. (1) (We) (d	,		at in (my) (dur) apini	an death accurred an the date
must	23A. SIGNATURE	7 A			38. DATE SIGNED
	23C. PHYSICIANS	Phys.	Med. Director	Stoff Phys.	1-23-66
approval	NAME HYPE Dr. A. El Sube	Arg Sygo.			
	REMOVAL (Specify)	EMETERY OF CREMA			town, or county) (Stote)
written		n Nation		altimore, M	
×	JAN 26 1966 (1) 1 258. NAME OF REGIST	000	Schimunek 2601 E	Funeral Hom Madison St.	ne, Inc.
1	VS 150-REV. 1/1/65				

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BALTIMORE	CITY	HEALTH	DEPA	RTMENT
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	BALTIMORE CITY	T REALTH DEPARTMENT
	CASE NO. 66 00872 CERTIFICA	ATE OF DEATH Registered No. 66 00872
1, N/	ME OF DECEASED ,	2. DATE AND HOUR OF DEATH
	or Print) Good man, Irvin	1-27-66 1 DM.
3. P	ACE OF DEATH TO BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
F	JLL NAME OF (If not in hospital or institution, give street	Maryland Bolkmaso
	OSPITAL OR addiess or lacotion) STITUTION	C. CITY OR TOWN (If subside city limits, write RURAL and give township)
15	SINAIHOSPITALOGBALTI	
100		D. STREET ADDRESS (If rural, give, location)
		1032 Walls and 1715
5. S1	A ARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 9. AGE (In years Months; Doys Haurs; Min.
-63	WHE WHILE MARRIED	6/4/02 63
	during most of working life, even feetired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	ELF-EMPLOYED Restaurantown	on belo. Md USA
13. F	ATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Henry Stoodman)	Genna Mane kin
15. V	'as Deceased Ever in U. S./Armed Forces? no or ynknawn) (If yes, give wor or dotes al service) SECURITY NO.	17. INFORMANT ADDRESS
1.63	SECORITY NO.	MPS Fother Good was Tonza 1112 /12 Abo
	B. CAUSE C	OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH	Vende Morardin Vinta I unno plus
	(This does not meon the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	And the state of t
	injury or complication which coused death.)	ASCUD 2
	ANTECEDENT CAUSES (B) DUE TO	
	DISEASES OR CONDITIONS, if ony, giving	
	rise to the above cause (A) stating the (C) UNDERLYING CONDITION last,	
	11	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
AT	TO THE DEATH BUT NOT RELATED TO THE PRESENTED TO THE PRES	dular
ERTIFIC,	9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ERT) NOTO INTERPREDICTION OF THE PROPERTY OF THE	· I I I I I I I I I I I I I I I I I I I
_	PA. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., hame, larm, foctory, street, c	in ar about 21C.WHERE DID (If in Baltimare City, give exoct location) office bldg., INJURY OCCUR?
U	DEATH (notify medical examine) work etc.)	
MEDI	PID. TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
>	Mhile At Wark At Wark	
	2. I certify that (I) (this haspital) ottended the deceased from	1/32/66 20 10 1-241-6624.
	hat (1) (we) lost saw the deceased alive an 1-2-1-60	and that in (my) (our) opinion death accurred on the date
1 1	and hour and from the causes stated obeve. (1) (We) (did) (did not)	
	3A. SIGNATURE	23B, DATE SIGNED
	Thaten M.D. AH	tending Med. Stall 7-24-66
	COLONIS NAME (Type)	23D. ADDRESS
	NAME (Type) VIA 11 A1 FA) M.D.	535/ Canaia ON D. Ha 2120
24A	Marky AVI IVITED	REMATORY 24D. LOCATION (City, town, ar county) (State)
	REMOVAL (Specily)	1 A A CONTRACTOR
254	Durial 1/23/66 Felh Stile	a Ballo Mangrane
23A	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C FUNERAL DIRECTOR BUT ADDRESS A A
L	JAN 26 1966 (20) 6 8 4 4 5 50-REV. 1/1/65	The original of Mas Lac 6010 Keislelston



VS 151-REV. 1/1/65

24A, DATE REC'D BY HEALTH DEPT.

248, NAME OF REGISTRAR

24C. FUNERAL DIRECTOR ADDRESS SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD

TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death.

Registered	No.	G	00	87	7.4
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BIRTH NO.	. 66	00874 CERTIFICA	ATE OF DEATH	Registered No.	3 00874
M.E. CASE NO. 1. NAME OF DEC (Type or Print)	EASED		2. DATE A	ND HOUR OF DEATH	
	SOL KAU	<u>IFMAN</u>	JANU	IARY 22, 1966	2.30 A
3. PLACE OF DE	ATH IN BALTIMORE, MAI	RYLAND	4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived. If ins NTY	tilution; residence before admissio
FULL NAME OF HOSPITAL OR INSTITUTION	OF (If not in hospital and oddress or tocotion	or institution, give street	c. cittoryland (11 o	utside city limits, write Rl	URAL and give township)
10	3415 Clark	s Lane	Baltimore D. STREET ADDRESS (1) 3415 Clarks	f rural, give tocation) Lane	
5. SEX Male	White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH 9/19/1897	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 h Months Doys Hours Min
	UPATION (Give kind of work working tife, even if retired) Wholes ale	108. KIND OF BUSINESS OR INDUSTR' Childrens Wear	Baltimore,		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	Philip K	Cau fman	Leah ?	AME	
15. Was Deceosed (Yes, no or unknown YES	(If yes, give wor or dote	16. SOCIAL SECURITY NO. 220-32-3131	Mrs. Beatrice	2. Kaufman 34	ADDRESS 15 Clarks Lane #
18.332	X X 1 2 60	CAUSE	OF DEATH		INTERVAL BETWEEN
	SE OR CONDITION DIR LEADING TO DEATH nal mean lhe mode of	dying, e.g., QUE TO	EREBRAL THE REBRAL Ard	ROMBOSIS	7days,
heart failure, injury ar car	asthenia, etc. II means application which caused ANTECEDENT CAUSES	the disease, death.)	EREBURN Art	e inclurois	44RS.
DISEASES (OR CONDITIONS, if a above cause (A) G CONDITION last.	any, giving			
H TO THE D	IFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I	ONTRIBUTING TED TO THE	Le Les Melli	itus	124R5.
19A. DATE OF		DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or P		NDINGS CONSIDERED
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRED While At Not Who At Work		JURY OCCUR?	
	that (1) (this hospital	attended the deceased framd alive an	19 6 6 and 1		ian death accurred an the
and have an	d from the couses stat	ed above. (I) (We) (did) (d id not)	view the bady after death	•	
23A. SIOT AT 1	reit. House	refails. M.D. At	tending Med. Director	Stoff Phys.	1/22/66
23C. PHYSICIA NAME (1	erT J. H.	MELFARB M.O.	2301	ST PAUL S	ST BALTEN
REMOVAL		24C. NAME of CEMETERY OF CI			, town, or county) (State
Burio 25A. DATE REC'D		966 Chizuk Amuno	25C FUNERAL DIRECTO	Baltimore, Ma	ADDRESS
JAN 2	6 1966 100.	8- En Failwan	Sal Levinson	& Bros. 601	O Reisterstown R

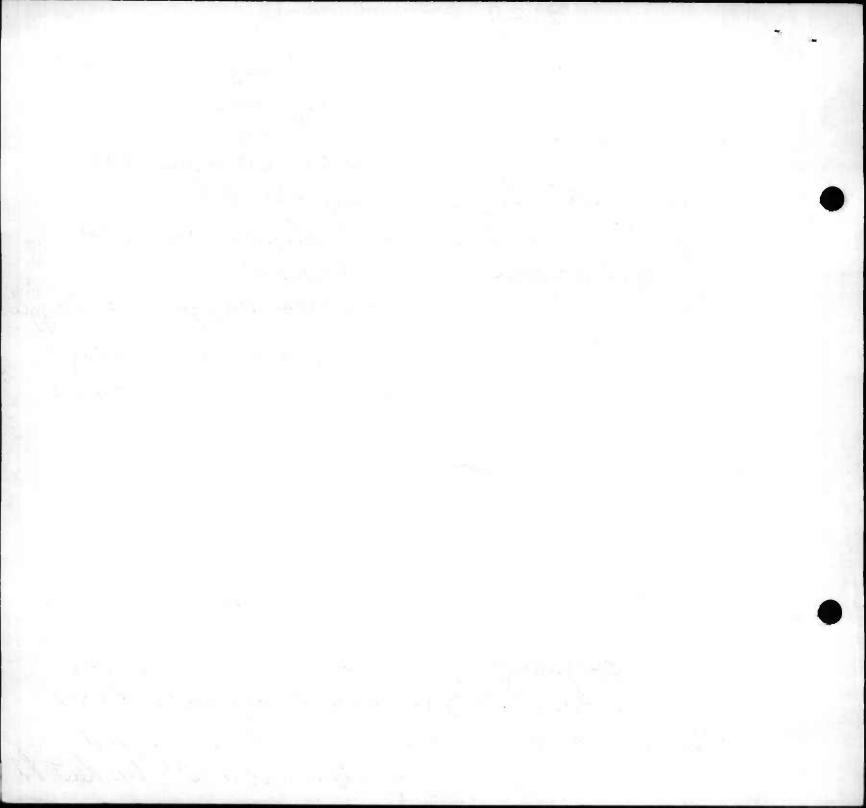
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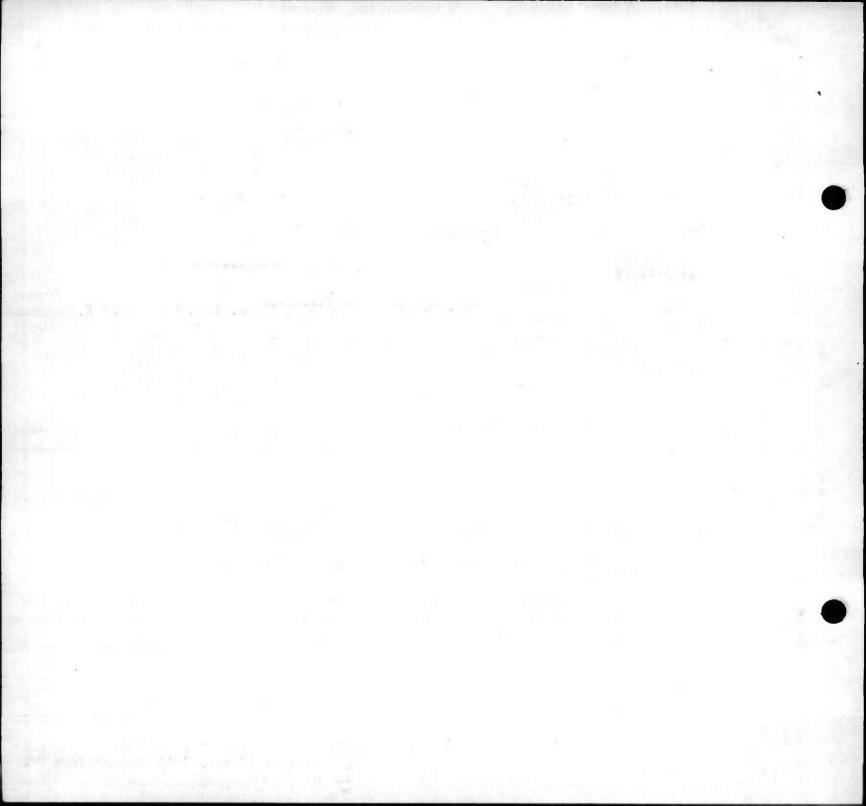
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BALTIMORE	CITY	HEALTH	DEPARTMENT

	Registered	No.66	00876
D	HOUR OF DE	ATH	

	H NO. 66 01	1876 CERTIFICA	TE OF DEATH	Registered No.	6 00876
1. N	AME OF DECEASED			AND HOUR OF DEATH	0.001
	SAMUEL	1RUSH		-22-66	8-45 p. M.
	LACE OF DEATH IN BALTIMORE, MA	ryLAND or institution, give street	A. STATE B. CO	UNTY	titution: residence beloro admission)
H	OSPITAL OR oddiess or location		C, CITY OR TOWN ILE	outside city limits, write RI	URAL and give township)
3	Church Hou	w & Hospital	III	(If rural, give lacation)	6-03
		V		Farmouris	
5. S	Male 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	1 2-12-05	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work				12. CITIZEN OF WHAT COUNTRY?
dong	thering most of working life, even it retired)	Insurance	Hew You	6	USA
13. 1	ATHERS NAME		14. MOTHER'S MAIDEN N		J.,
	Howard Trus	6	0 0	ethatet FA	riedman
Yes	Vas Deceased Ever in U. S. Armed Fore, no ar unknown) (IV yes, give war ar date	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	1.	Address
	No	212-07-2972	ナナナナナナナナナナナ	Mrs. Lena Tru	
	18. 420.11	CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIR	ECTLY	To Muse	. l. Dul	
	LEADING TO DEATH (This does not mean the made of	dving e.g. DUF 60	and ongoe	ording who	icary - concer
	heart failure, asthenia, etc. It means injury ar camplication which caused	the disease,	0		
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last.	any, giving			
ATION	OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	TED TO THE			
	19A. DATE OF OPERATION 19B. CON WAS PERF	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?
0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21 B. PLACE OF INJURY (e.g., hame, laim, lactory, street, etc.)	in or about 21C. WHERE DID	(If in Baltimate	City, give exact location)
ō	21 D. TIME (Month) (Day) (Year)	(Hour) 21E INJURY OCCURRED	21 F. HOW DID	NJURY OCCUR?	
Σ	OF INJURY (APPROX)	White At Not Whi Work At Work			
	22. I certify that (I) (this hospital		. 7/	19 66 to	1-22 10 65
	that (1) (we) lost sow the decease				nion death occurred on the date
		,,,			non death occorred on the dots
	ond hour ond from the couses state	en opose, (i) (ma) (did) (did not)	view the body offer deof	п.	23B. DATE SIGNED
	M. Elulios	M.D. Att		Stoll Phys.	¥
	23C. PAYSICIAN'S NAME Dype)	he house SM.D.	Cluro	h House	& Hapley
24A	BURTAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D	LOCATION (City	y, town, or county) (State)
25A	Burial 1/24/19. DATE REC'D BY HEALTH DEPT.	66 Anshe Emunah C	emeteru 250. EUNERAL DIRECT	Baltimore, Ma	ryland Reisterstöwn Rd.
	JAN 26 1966 A C	a D. Fr. DEMAN .	SOL LEVENSOI	r & DAUS. 6010	Recoleration Ru.



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. death Such M.E. CASE NO. Decedse I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO hospital of death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) attendance A. STATE (5) cause (If not in hospital or institution, give sheet FULL NAME OF HOSPITAL OR oddress or location) (If outside city timits, write RURAL ond give township) cause; 0 INSTITUTION 8 prior (If rurol, give location) contributing occurred Undetermined regular mad 9. AGE (In years 5. SEX 7. MARRIED, NEVER MARRIED eceased WIDOWED, DIVORCED (specify) last highday! emale marrico 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) death disposition done during most of working life, even if retired) = 0 ŏ House wo Petersburg W.

14. MOTHERS MAIDEN NAME At Home Virginia Was 13. FATHER'S NAME the (4) dire Benjamin Rubin Rose Yateman IMPORTANT assistant uo death kind; 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance Mr. Samuel L. Silber 7942 Stevenson Road any CAUSE OF DEATH pronounced DISEASE OR CONDITION DIRECTLY Also, embalmed of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It meons the diseose, the chief medical examiner regular DIRECTOR: miner. injuly of complication which caused deoth.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, giving <u>e</u> rise to the obave cause (A) stating the physician UNDERLYING CONDITION last. the remains medical burns; H FUNERAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes of No the 0 WAS PERFORMED CENTIF omalosis before (2) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? where hospital å DEATH (notify medical examiner) nature; MEDI obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 9 21E. INJURY OCCURRED OF INJURY approved (except While At Not While ((APPROX.) and Work At Work to the any 22. I certify that (1) (this hospital) attended the deceased from 19 66 death); that (1) (we) lost saw the deceased alive an..... 19 be of hospital and hour and from the causes stated above. (1) (We) (did).(did not) view the body after death. the body was released must accident

20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) and that in (m) (aur) apinian death accurred on the date 23A. SIGNATURE 238 DATE SIGNED Stoff Phys. X Attending Phys. Med. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (City, town, or county) REMOVAL (Specify) Randallstown, Maryland Beth El Memorial Pakk 1/24/1966 258. NAME OF REGISTRAR Sol Levinson Levinson & Bros. 6010 Reisterstown Road

If Under 24 Hrs.

Hours

If Under 1 Yr.

12, CITIZEN OF WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

Months Doys

VS 150-REV. 1/1/65

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An D.O. A.

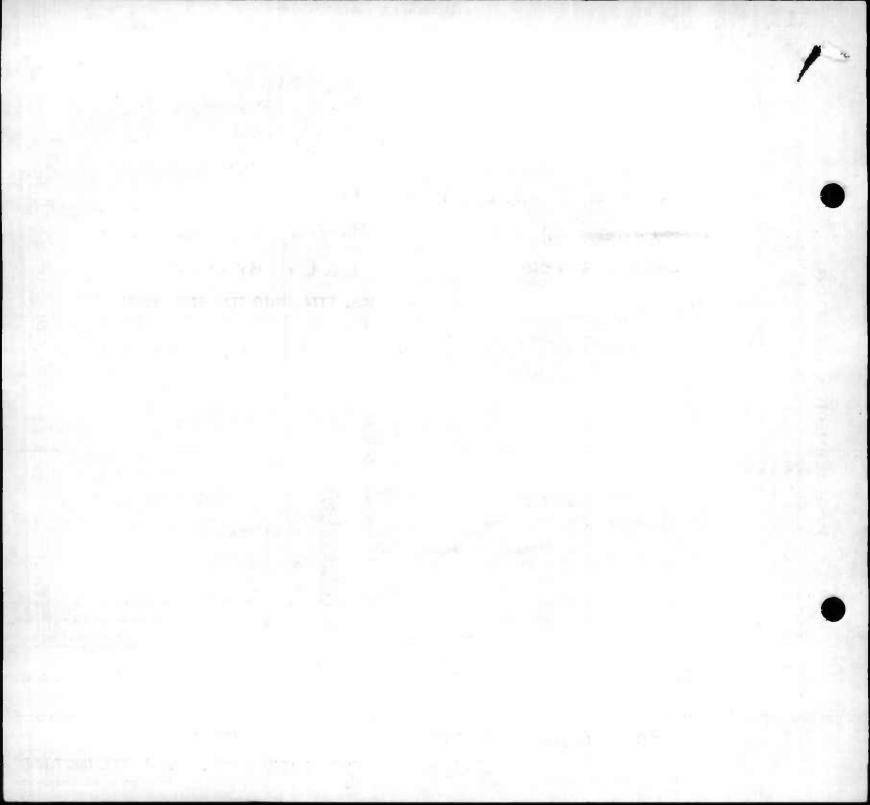
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approval

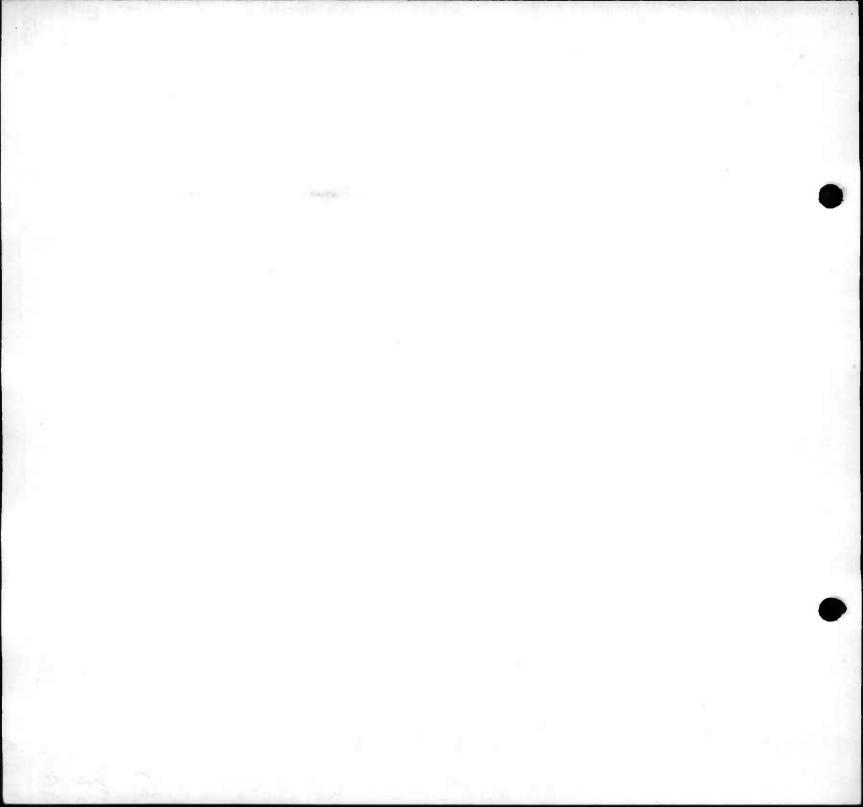
										B
		FUNERAL	FUNERAL DIRECTOR: IMPORTANT	IMPOR	TANT					
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	pproved by the hospital	the chief med	ical examiner	or his as	istant if	death of	occurred	in a hos	spirel a) L
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	any nature;	(2) Body burn	15; (3) A fractu	e of any	kind; (4)	Undete	rmined c	ause; (5)	Deceds	Po
was D.C.A. at a nospiral (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such	; and (6) No	ere the physician w	as in regular	attendan	dearn w	e dece	ased pric	or to de	ath. Su	1
written approval must be obtained before the remains are embalmed or final disposition is made.	obtained be	efore the rem	ains are embal	med or f	inal disp	osition	s made.			
									-	-

1087 BETH NO. 66 (11)87	S BALTIMORE CITY	HEALTH DEPARTMENT	00 00000			
	CERTIFICA	TE OF DEATH Rog	ristered No. 6 111878			
M.E. CASE NO.		2, DATE AND HOU	P OF DEATH			
(Type or Print) Mollie A Boxek		January 24, 1966 6:08 A. M				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where decoosed lived, If institution; residence before admission)				
FULL NAME OF (If not in hospital or institute oddross or location)	tion, give street	Md. Rosemed State Hospital				
INSTITUTION		C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
10 41 · · · + 11	-A1	Delvies Mills	D. STREET ADDRESS (If turol, give location)			
8 University News	ulal	ROSEWOOD STATE HOSPITAL				
S. SEX 6. RACE 7. MAR	6. RACE 7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)		(In yours If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.			
temale cauc. mavermerried		1-19-27 39				
10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign coun	12. CITIZEN OF WHAT COUNTRY?			
NONE	NONE	Maryland, BALTIMORE U.S.A.				
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME				
CHARLES BOXER		LILLY BRAWNSTEIN				
15: Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotos of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
No	SECORITY NO.	MRS. ETTA SMULOWITZ	3709 BEEHLER AVE			
18. 75 2.11	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY	4	1 1 2 1 4				
LEADING TO DEATH	(A) C	orgenital Poly Cy sense of Kis	Stic 37 9+8.			
(This does not meon the made of dying, heart foilure, asthenia, etc. It means the disc	e.g., DUE 10 D	SEASE OF KI	dne7st			
injury ar camplication which coused death.)	6.	VEL. C SEPS.	ST			
ANTECEDENT CAUSES	DUE TO	U. Y. E. Zua I. S.	~*************************************			
DISEASES OR CONDITIONS, if any, gi	ving					
rise to the obave cause (A) stating UNDERLYING CONDITION last.	aling the (C)					
II.						
OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE					
19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (o.g., in	n or obout 21C. WHERE DID No.	(If in Boltimore City, give exact location)			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinar)	etc.)	ffice bldg., INJURY OCCUR?				
Tord	21E INJURY OCCURRED	21E HOW DID INTURY OF	CILEZ			
OF INJURY	While At Not While	21F. HOW DID INJURY OCCUR?				
(APPROX)	Work At Work	At Work				
22. I certify that (1) (this haspital) attend	led the deceased fram	1966	1a A W 2 4 19 6 C			
that (I) (we) last saw the deceased alive			(aur) apinian death accurred an the date			
and haur and fram the causes stated abay	re. (I) (We) (did) (did mot) v	riew the bady after death.				
23A. SIGNATURE	1		23B, DATE SIGNED			
Bert L /ann	W W.D. Atte	s. Director Phys.	Jan 24 66			
23C. PHYSICIAN'S NAME (Typo)		23D. ADDRESS				
BERNARD & KARPIERE	M.D.	University Hasa	PITAL BALFOIL			
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)						
REMOVAL (Specify)	BNAI JACOB	BALTIMORE, MARYLAND				
7/25/00						
2SA. DATE REC'D BY HEALTH DEPT. 2SB. NA	4 9 8 4	SOLLEVI NSON & BR	OS. INC. 6010 REISTERSTOWNRI			
JAN 25 1966 (1.4.17)	2 Atabella 1	0 8 7 7				
VS 1S0-REV. 1/1/6S		W. T.				



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	68 0107	BALTIMORE CITY	HEALTH DEPARTMENT	0.0	
BIRT	H NO.	CERTIFICA	TE OF DEATH	Registered No 66	111879
	CASE NO.			HOUR OF DEATH	<u>~</u>
	a pint	00	1/	11/	1 / em
3. P	BISHOP, EDWA	K D			lion; residençe before admission)
			A. STATE B. COUNT	Y	11 50
FULL NAME OF (II not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION			Md.		10-02
			C. CITY OR TOWN (If outsi	de city limits, write RURA	AL and give township)
University Hospital			D. STREET ADDRESS (If ru	rol, give location)	
aniocally less like			1329 W. Mosition ST.		
5. S	EX 6. RACE 7. MARR	ED, NEVER MARRIED			Under 1 Yr., If Under 24 Hrs.
3. 3	n/ c wido	WED, DIVORCED (specify)	10 1 5 10 10	st birthday	Under 1 Yr. If Under 24 Hrs.
M C widowed			001. 5, 1911	0,2	
	USUAL OCCUPATION (Give kind of work 10B, KIND during most of working life, even il retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	CITIZEN OF WHAT COUNTRY?
Fisherman			MO.		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
	Hix Bishop		SORAH Johnson		
15. \	Vas Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	001.100-1	ADDRESS
{Yes	no or unknown) (If yes, give wor or dates of service)		George Bisho	100	1 Woodyear St.
	1918	217-07-5000		100	
	1B. 162.11	CAUSE OF	DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	R		Casci aus	10
	(This does not mean the mode of dying,	(A) OF	conchagenic	Cakanoma	7.6
	heart failure, asthenia, etc. It means the dise				9
	injury or complication which caused death,)	(R)			
	ANTECEDENT CAUSES	DUE TO	an www.m.m.a.m.m.m.m.m.m.m.m.m.m.m.m.m.m.m.		
	DISEASES OR CONDITIONS, if ony, givening to the obove couse (A) stoling	-			
	UNDERLYING CONDITION lost.				• • • • • • • • • • • • • • • • • • •
_	II				
O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO	TING			
ATIO	DISEASE OR CONDITION CAUSING IT.		[00 A		
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES	OF DEATH?
E.	3 Mille Bronche		C 62	(III in Boltimore Cit	No
218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR?					
CAL	DEATH (notify medical examiner)	etc.)			
MEDI	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
2	(APPROX.)	While At Not While At Work			
	22. I certify that (I) (this hospital) attende	ed the deceased from	Jan. 10 19	66 to Ja	In 23 1966.
	that (I) (we) last saw the deceased alive	10.0			deoth occurred on the date
	and hour and from the couses stated above			, , , , , , , , , , , , , , , , , , , ,	
	23A. SIGNATURE	,, (,, (,, o), (d,d), (d,d), (d,d)		231	B, DATE SIGNED
	Lalman J. ag	ULU M.D. Atte	nding Med. S	loff	1/23/66
	23C. PHYSICIAN'S	Phy:	s. Director P	hy s.	7.10/00
	NAME (Type)	` /	11	HARRITA	(
	ZALMAN -	17945 M.D.	University	11031117	
24A	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City, I	own, or county) (State)
1	Jurial 1-26-66 1	Kalto Natt.	Cem. R.	Himore	md.
25A	DATE REC'D' BY HEALTH DEPT. 25B. NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	11 11	ADDRESS
	JAN 26 1086 00 00 0	2.0	Agree of le	Van 13481	1 Calhon St
VS	50-REV. 1/1/65	PERCENT NO.	U 47 7 6		



Such

	BALTIMORE CITY GG 00880 CEDITIECA		00880
- 11	MRTH NO. M.E. CASE NO. CERTIFICA	TE OF DEATH Registered No. —	
11	I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
- []	Type of Print ROSE BAILEY (Rosie)	4. USUAL RESIDENCE (Where deceased lived, If inst	M.
	S. PLACE OF DEATH IN BALTIMORE, MARILAND	A. STATE B. COUNTY	1 /
	FULL NAME OF (If not in hospitol or institution, give street oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RU	RAL ond give fownship)
-	Franklin Square Hosp.	D. STREET ADDRESS (If rurol, give location)	
9		822 NO. CAREY	57
mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
n is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
isposition	13. FATHERS NAME	Mary /4Nd	U.S.A.
bo	1/·/		,
dis	15. Was Deceased West in U. S. Armed Forces? 16. SOCIAL	Rebecca Hawkii	ADDRESS
tinal	(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	R //	
	No 215-05-6806		INTERVAL BETWEEN
٥	DISEASE OR CONDITION DIRECTLY	PF DEATH	ONSET AND DEATH
ed	LEADING TO DEATH	insolvatio Heart Design	132
E	(This does not meen the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,		
ğμ	injury or complication which coused death,)		
0	ANTECEDENT CAUSES (B) DUE TO	88 0 100 100 100 100 100 100 100 100 100	
are	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C)		
	UNDERLYING CONDITION Iosl.		
remains	Z OTHER SIGNES AND CONDITIONS CONTRIBUTING		
	TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	tos doublitus	10 mg
the	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIT IN CERTIFYING CAUS	
before	U 27A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	or obout 21C. WHERE DID (II in Boltimore (City, give exact location)
pe	DEATH (notify medical examiner)	ince stage, injury occurs	
ained	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY White At Not White	21F. HOW DID INJURY OCCUR?	
	(APPROX) Work At Work		
opt	22. I certify that (I) (this haspital) attended the deceased fram	Des 24 19 65 to	2 3 1966,
pe	that (I) (we) last saw the deceased alive an	4 19 66 and that in(my) (aur) apini	an death accurred an the date
	and haur and fram the causes stated abave. (I) (We) (did) (did nat)		
must	23A. SIGNATURE M.D. Att	1	23R DATE SIGNED
8	Tay	s. Director Phys.	1/24/66
0	NAME (Type)	23D. ADDRESS	11. To 15-
approval	ROLAND T. SMOCT M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR		town, or county) (State)
u C	REMOVAL (Specify)		, lowing or country/ (Stote)
ritten	DUTICA 1-41-66 NEW CALLE de 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
×	JAN 26 1966 P. P. St. 2. Fallowers	1348 N. Calloun St &	Horse S. Kelon

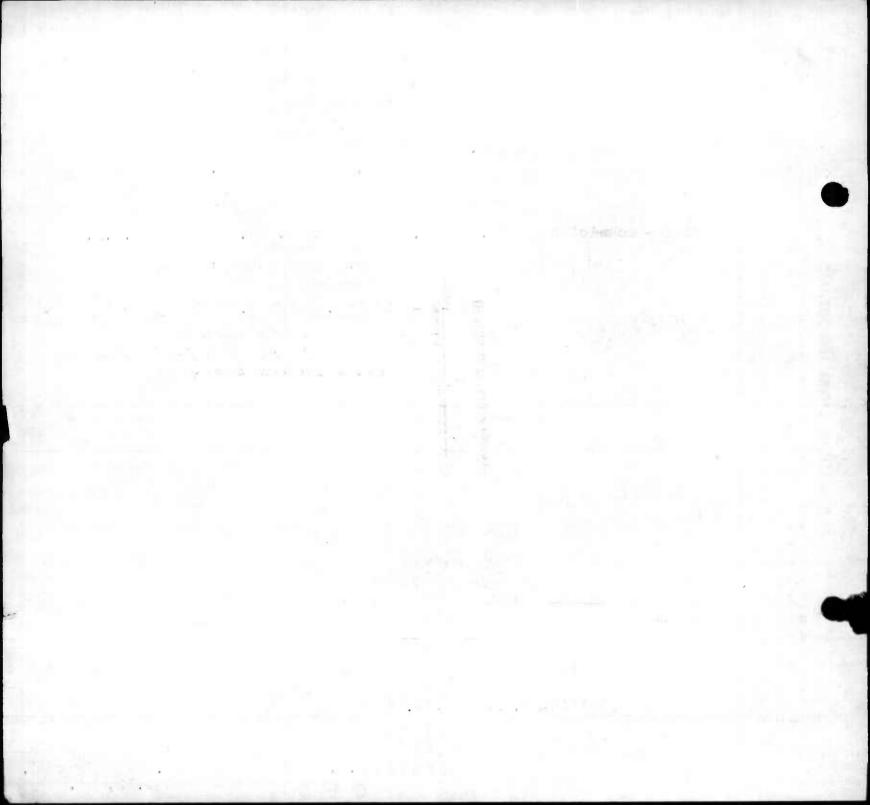
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VS 150-REV, 1/1/65

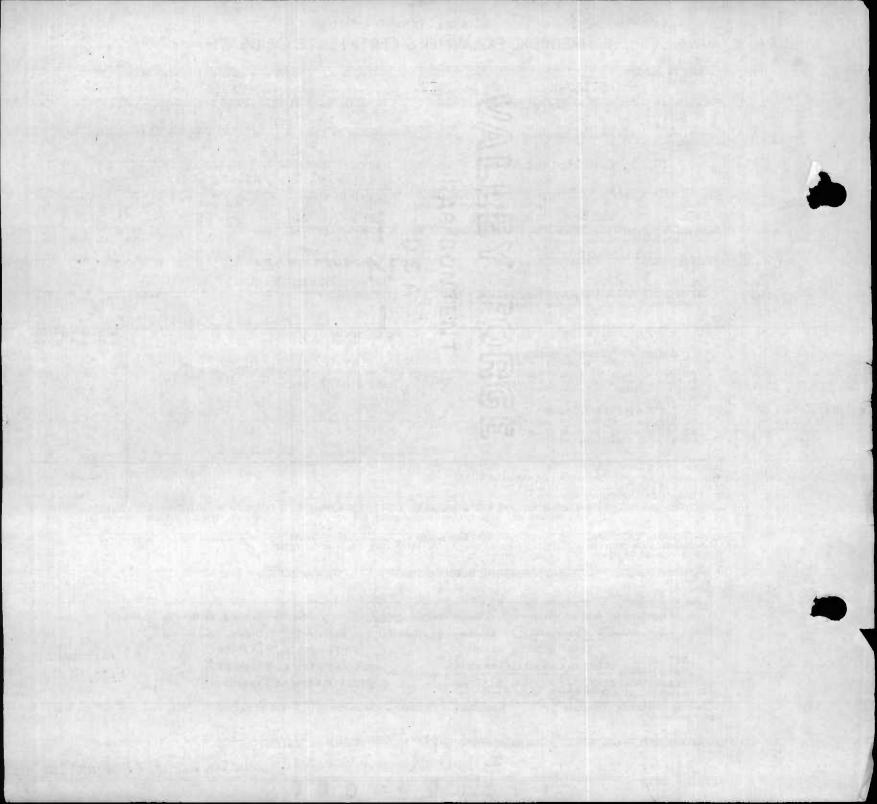


If Under 24 Hrs. and that in(my) (opinion death accurred on the date 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) REMOVAL (Specify) 1966 Green Mount Baltimore Maryland 25C, FUNERAL DIRECTOR H.W. Jenkins & Sons Co. 4905 York Rd. Balto.12. Md. VS 150-REV. 1/1/65



Zannind.

Conkling St



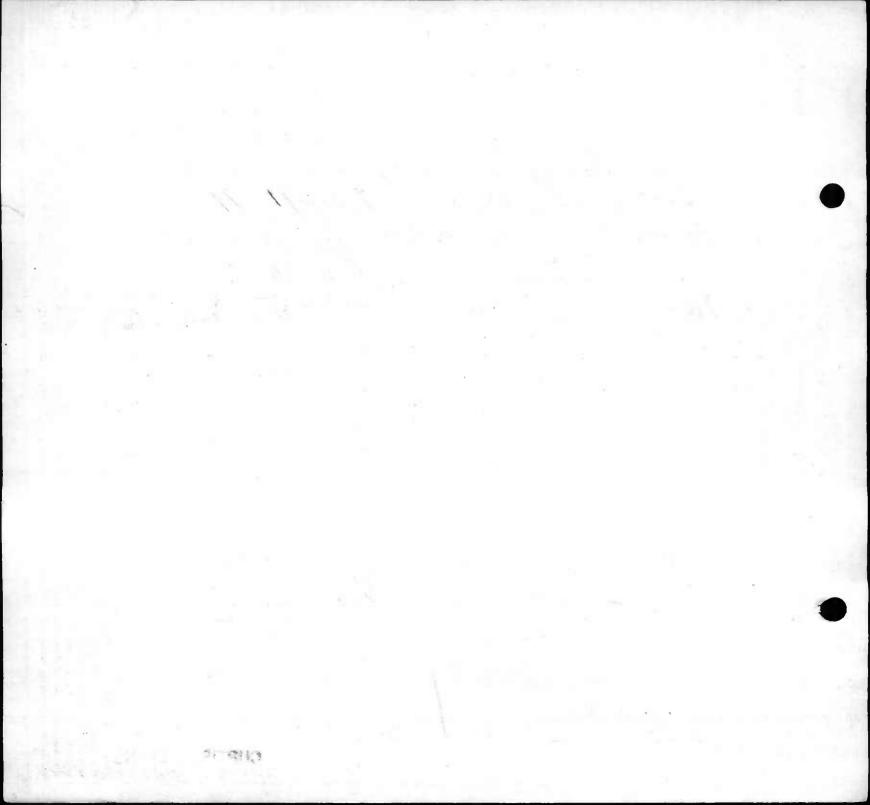
1883	BALTIMORE CITY H	EALTH DEPARTMENT		25.03	00000
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No.	1111883

M.E. CASE NO.	TEASED				DATE AND	HOUR PRONOUNC	ED DEAD	
(Type or Print)		aroline	Weldon		2, DATE AND	1/25		2
3. PLACE IN BALT	TIMORE MARYLAND, W			4. USUAL RESID	ENCE (Where	deceased lived. If inst	itution: residence before ad	mission
FULL NAME OF	UE NOT IN HOSPIT	AL OR INITITI	JTION, GIVE STREET		vland	B. COU	INIT	
HOSPITAL OR	ADDRESS OR LOCA	ATION)	THOIR, GIVE STREET	C. CITY OR TOV	WN (If outside	corporate limits, write	RURAL ond give townshi	p)
,				Bal	timore		8-00	
77	indiana Magni	h = 1		D. STREET ADDI				
5. SEX	opkins Hospi		NEVER MARRIED	B. DATE OF BIRTI		inwood Ave.	If Under 1 Yr. If Under	
female	colored	WIDOWED,	DIVORCED(specify)	1-26-1	907	lost birthdoy	Months Doys Hours	Min.
			BUSINESS OR INDUSTR				12. CITIZEN OF WHAT COUNTRY?	
House				Winnsbo	ro, S.	C.	U.SA.	
3. FATHER'S NAM	A E			14. MOTHER'S M	AIDEN NAME			
S WAS DECEASE	Brown Bai		16. SO CIAL	Mrs. J	annie	Bird	ADDRESS	
	(If yes, give wor or date		SECURITY NO.					
			213-18-138	4W11Lis	Weldon	1418 N.	Linwood Av	
1B. 44	-3 X 1		CAUS	E OF DEATH			ONSET AND	
DISEA	SE OR CONDITION D						110	
/TL:	LEADING TO DEATH		Arterio			ertensive c	ardi0	
heart failure,	not mean the made of , asthenia, etc. It means	the disease,	DUE TO	v	ascular	disease		
injury of co	mplication which coused	deom./						
1	ANTECENDENT CAUS	ES .	(P)					
RISE TO TH	OR CONDITIONS, IF A	TATING THE	DUE TO		***************************************			
	NG CONDITION LAST.		(C)					
OTHER SIG	li							
OTHER SIG	NIFICANT CONDITIONS							
E DISEASE O	R CONDITION CAUSING	G IT.	***************************************					
19A. DATE OF		IDITION FOR	WHICH OPERATION			20 B. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED	
114	L CAUSE WAS	21 8	PLACE OF INJURY (e.g.,	in or about 21C V		f in Boltimore City ai	ve exact Incation)	
UNDERLYING	OR CONTRIB-	home etc.)	, form, factory, street.	office bldg., INJURY	OCCUR?	in in sommare only, gr	VE EXOCI IOCONOM/	
E 21 D TIME	(Month) (Day) (Yeo	r) (Hour) 2	1E. INJURY OCCURRED	21F H/	DENI DID WO	BY OCCUP?		
OF INJURY	(Ivionini) (Doy) (red			WHILE	011 00 11130	KI OCCOK:		
22.			VORK AT V	VORK .				
	tify that I held an I	nquiry 🗌	Inspection X Au	otapsy and	d that on this	s basis, death in n	ny opinian	
resul	ted from: Natural ca	uses X	ccident Suicio	de Homici	de U	ndetermined monne	er 🗌	
	1.11		1-6-	CHIEF M	EDICAL EX	AMINER -	DATE SIG	NED
SIGNAT		1-30	M.C	ASSISTANT M	EDICAL EX	AMINER 🗵	DATE SIG	ILD
EXAMIN	IER'S	1	2	ASSOCIATE M	EDICAL EX	AMINER	1/25/66	
NAME (U. Spit	C. NAME OF CEMETERY	- CREAL ATORY	J22D 16	CATION (City,	town, or county) (S	itate)
REMOVAL (Specify		23	C. IAWINE OF CENTELEKI	OI CREMATORI	230. [0	CATION (City,	town, or county/ (s	idie/
Burial	1-29-6	56	Arbutus M	em Pk		butus	Md.	
	BY HEALTH DEPT.	A COLUMN		24C. FUNER	AL DIRECTOR		ADDRESS	
	70 1 m m . A							
JAN 2	B 1966 A.O.	6 2 T	12.480	Morto	n & Dv	ett 1701	Laurens St.	

They lo ALT-LE-TINGSELLEN GOLDON LARD IN LEADINGSEL-LE-TINGSELDE The second secon

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	66 00884	CERTIFICA	TE OF DEATH	Registered No.	0 00004
M.E. CASE NO. 1. NAME OF DECEASED (Type of Print)	2- 111 V 1		2. DATE AN	D HOUR OF DEATH	
3. PLACE OF DEATH IN SA	Ear HO /4 ha.	S	4. USUAL RESIDENCE (Whe	2 4-66 re deceosed lived. If insti	itution: residence before odmission)
FULL NAME OF (If	nat in haspital ar institution, grv Iress ar lacotion)	re street	Maryla	and o	+3-01
INSTITUTION	ress of locotion/		C. CITY OR TOWN JULY OU	iside city limits, write RU	RAL ond give township)
e 11 12	11,	1//	D. STREET ADDRESS	rural, give lacation)	0)
South Dal		Eral 1708	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths; Doys Haurs; Min.
Tom ALA LIH	ite WIDOWED,	DIYORCED (specify)	9-8-1891	lost bighday)	Manths Doys Haurs Min.
OA, USUAL' OCCUPATION (Jone during most of working life,		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
TOUSEW 15	e /ron	E at Home	Datin 14. MOTHERS MAIDEN NA	ME ME, MA	
deramia	La Fanla		EmmA	?	
5. Wos Deceased Ever in U Yes, no or unknown) (II yes, g	S. Anned Forces? Ve woi oi dotes of service)	6. SOCIAL SECURITY NO 2/3	17. INFORMANT	- 00 : 6	Parenad aug -
1/0-		2-5824	May Cannell	(Mosey,	rochegovele Mag
DISEASE OR CO	NDITION DIRECTLY	CAUSE O	F DEATH). 0	ONSET AND DEATH
	TO DEATH The mode of dying, e.g.,	(A) C			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	elc. Il meons the disease,	112	150117		
	ENT CAUSES	(B) DUE TO	13000		
	OITIONS, if any, giving couse (A) stoting the IION lost.	(C)			***************************************
DTHER SIGNIFICANT C TO THE DEATH BU DISEASE DR CONDITIO	ONDITIONS CONTRIBUTING IT NOT RELATED TO THE N CAUSING IT.	ESOPHAGE	EAL STRICTO	URE	
19A. DATE OF OPERATIO	198. CONDITION FOR WE WAS PERFORMED	TICH OPERATION	20 A. AUTOPSY? (Yes or No		IDINGS CONSIDERED LES OF DEATH?
OR CONTRIBUTING DEATH (notify medical e	AUSE OF home,	LACE OF INJURY (e.g., in larm, factory, street, of	or about 2 C. WHERE DID	(If in Boltimare C	City, give exoct location)
21D. TIME (Month) OF INJURY		NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While	At Not Whil	е		
The second secon	this hospital) attended the	1 - 1	. //		1-24 1966
	the deceased alive on couses stated above. (1)	/ - Z /		at in (our) opini	an deoth occurred on the dote
23A. SIGNATURE	1	(46) (414) (414 1161) 4	lew the body offer deoffi.	2	38. DATE SIGNED
1/2·	4. Kans	M.D. Atte	ending Med. Director	Stoff Phys.	1-24-66
23 C. PHYSICIAN'S NAME (Type)			23D. ADDRESS		1
Dr. M. Kauf		M.D. AE of CEMETERY of CRE	South Baltimore		spital
Burial (Specify)	middles Ba	eto, U.S. /X	x'LiCem 19	colto may	town, or sousty) (State)
JAN 26 1966	A - 4 40 4	REGISTRAR	14005, CHA	CURTIS E. E.	VANS ADDRESS
/S 150-REV. 1/1/65		The same of the sa	0 0 6 3		.,,,

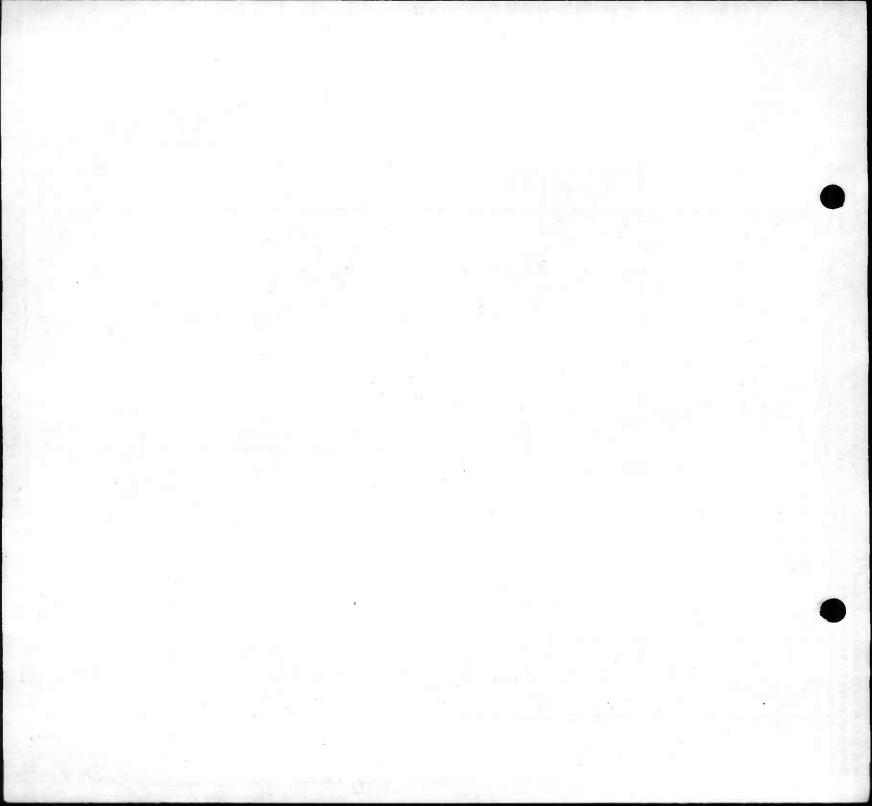


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VS 150-REV. 1/1/65

	ITY HEALTH DEPARTMENT	00000				
BIRTH NO. 66 UDGG CERTIFIC	ATE OF DEATH Registered No.	0.0000				
I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
(Type or Print) LOUIS KATH	1-33-66	113.30 PM				
3. PLACE OF DEATH IN BALTIMORE, MARTLAND	4. USUAL RESIDENCE (Where deceased lived. If insti	tution: residence before admission)				
FULL NAME OF (If not in hospital or institution, give street	MD, BALTIMORE	CITY				
HOSPITAL OR oddress or locotion) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RU	RAL ond give township)				
1167 ADELLE TERRACE	D. STREET ADDRESS (If rurol, give location)	701				
HICI MALLE I WILLIAM	44A7 ADELLE TEL	DDAGE				
SEX 6- RACE 7. MARRIED, NEVER MARRIED	B, DATE OF BIRTH 9. AGE (In yeors	If Under 1 Yr If Under 24 Hrs				
MALE WHITE WIDOWED, DIVORCED (specify) NEVER MARRIED	aug. 14, 1883 82	If Under 1 Yr. II Under 24 Hrs Months: Doys Hours Min.				
OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTRY?				
Lawyer	Mausland	U.S.a.				
B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
WILLIAM L. RATH	REGENIA D	AUB				
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown)(If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS				
220-44-3883	3 William R. Hilroy 4	1407 adelle Tes				
18. 420.11 CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY	21	So Soul				
LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO	Twhalf occusin	- Success				
injury ar camplication which caused death.) ANTECEDENT CAUSES (B) Cardro-Duscular Descare 3 Weeks						
DISEASES OR CONDITIONS, if any, giving	Deenpersulter					
rise to the above cause (A) stating the (C)	-					
UNDERLYING CONDITION lost,						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTING	Therebries & ractial	:dial 11				
Y TO THE DEATH OUR NOT BELLED TO THE LANGE OF	ia semibleja.	1419/04				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes of No) 20 B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED				
O						
OR CONTRIBUTING CAUSE OF home, lorm, foctory, street,	g., in or obout 21C. WHERE DID (If in Boltimore Coffice bldg., INJURY OCCUR?	City, give exact location)				
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not W	21F. HOW DID INJURY OCCUR?					
(APPROX.) While At Work Not W						
22. I certify that (I) (this hospital) attended the deceased from	10/19 1954 10 // 3	23 1966				
that (I) (we) last saw the deceased alive an 1/2>	1966 and that in (my) (aur) opinion					
and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.					
23A. SIGNATURE	2	3B. DATE SIGNED				
Eliax 10 Melus	Attending Med. Stoff Phys.	1/23/66				
23C. PHYSICIAN'S	23D. ADDRESS	4 1 / ==				
FLIOT W. JOHNSON M.	3432 FREDERICK	AVE.				
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION (City,	town, or county) (Stotel				
BURIA) 1/26/16 GRFFAI MOU	INT CEMETERY Baltimo	10 md				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS				
JAN 26 1966 DO & 2 To Augus	ERWIPPERT 13	300 FITAW PI				

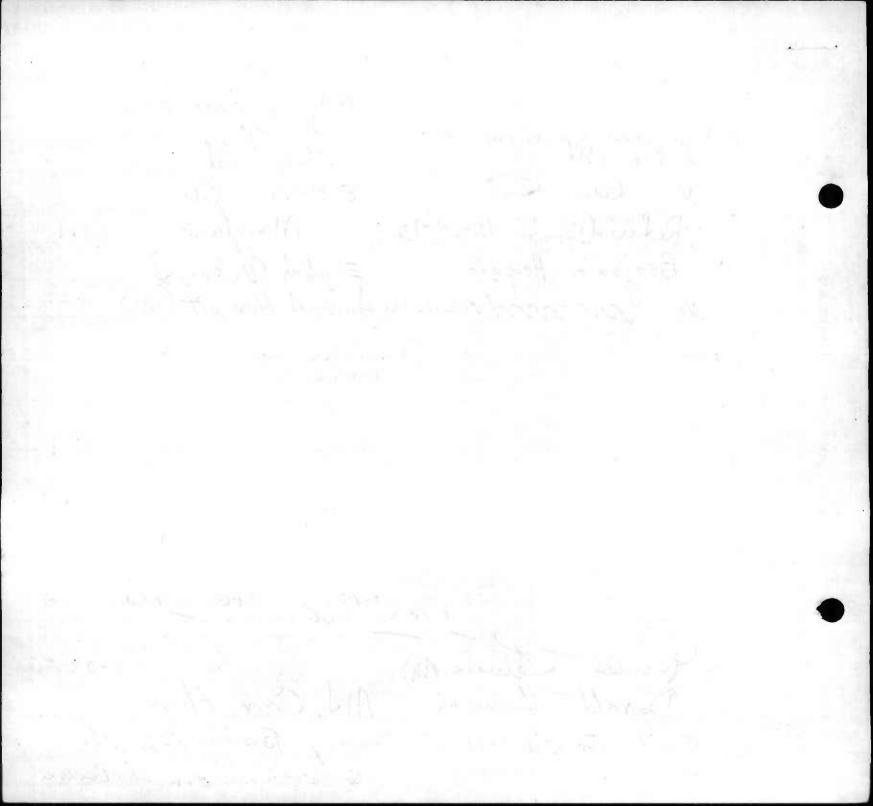
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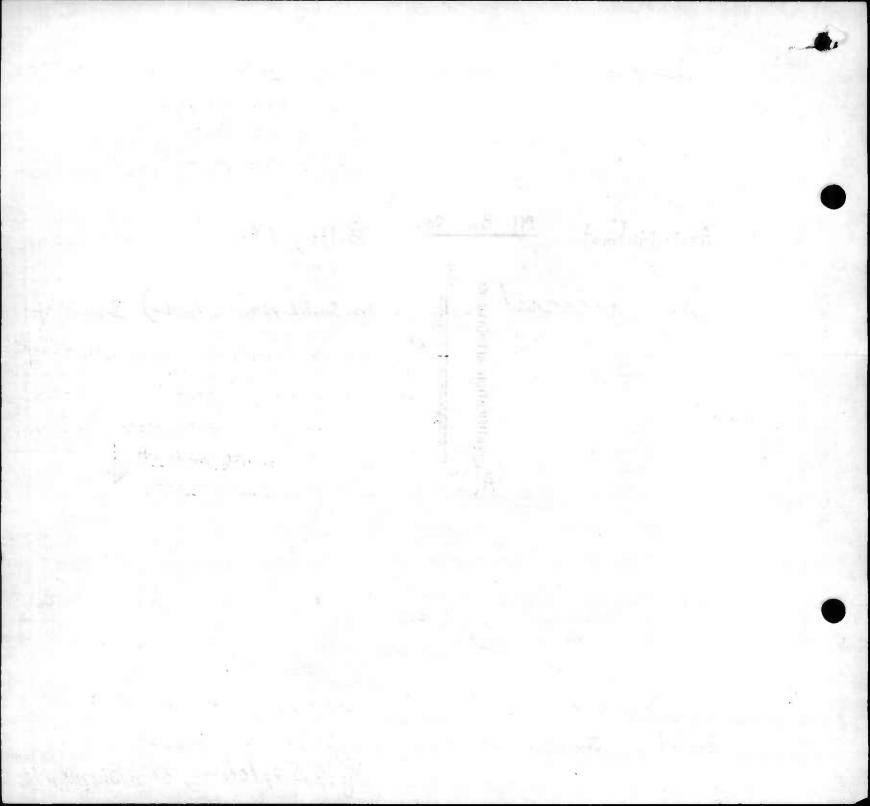
FUNERAL DIRECTOR: IMPORTANT

of death Deceased Such uo hospital death. ance cause use; (5) attend (4) Undetermined cause; 0 prior contributing regular made deceased disposition SD the direct death uo kind; or final attendance any pronounced med embal regular Gre physician remains the chief medical Was physician the (2) Body the O before Where hospital °N any nature; obtained 9 approved (except pup to the pe of hospital death) was released must An accident 0 approva O prior d+ was D.O.A. eceased the body written shows:

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) ARRY 4. USUAL RESIDENCE (Where deceased lived: 11 institution: residence) before admission)
A. STATE B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write RURAL D. STREET ADDRESS (If jurol, give lifcotion) 9. AGE (In years 5, SEX MARRIED NEVER MARRIED 8. DATE OF BIRTH 6. RACE If Under 1 Yr. If Under 24 Hrs. Months Doys WIDOWED, DIVORCED (specify) Hours lost birthdam 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign count 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) 13. FATHERS NAME MOTHER'S MAIDEN NAME amin 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL yes, give wor or dotes of SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 30 GOTTESTAD (This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease, 230V injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, the above couse (A) stoting the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID home, larm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner etc. MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) Al Work Work 22. I certify that AT (this hospital) attended the deceased from that (1) (we) last sow the deceased alive on 19 ond that in (my) (out) opinian death occurred an the date and hour and) from the causes stated above. (1) (We) (did) (did not) view the body after death, 23A. SIGNATURE 23B. DATE SIGNED Attending Stoff Med. Phys. Director Phys. 23D. ADDRESS 23 C. PHYSICIAN'S NAME (Type M.D. 24A. BURIAL CREMATION. DATE 24C. NAME of CEMETERY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 25C. FUNERAL DIRECTO VS 150-REV, 1/1/65

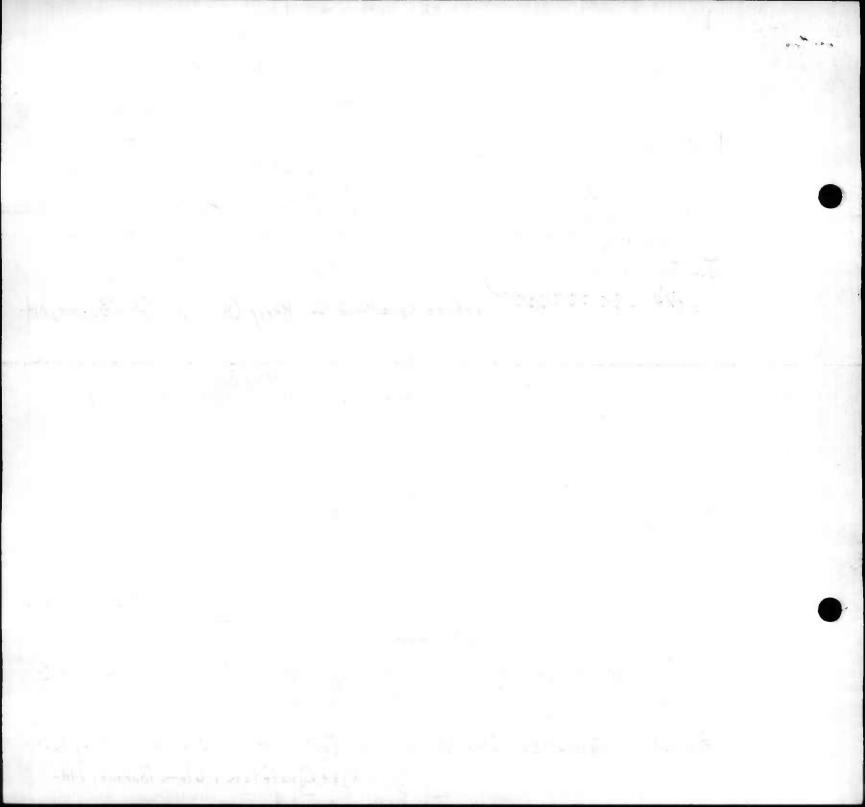


		BALTIMORE CITY	HEALTH DEPARTMENT		
	BIRTH NO. M.E. CASE NO. 66 011887	CERTIFICA	TE OF DEATH	Registered No.	1 1116:07
1. (T	I. NAME OF DECEASED Type of Min! S. PLACETOF DEATH IN BALTIMORE, MARYLAND	RD Mc MI	ILLEN JA	HOUR OF DEATH	La J 55 PM
	FULL NAME OF (If not in hospital ar institution hospital OR oddress or location) INSTITUTION	n, give street	MD. ANI	UARUND	URAL and give township)
	UNIVERSITY HOSPITA	L	D. STREET ADDRESS III	rural give location)	00.00
5.	Marie Williams WIDOW	D, NEVER MARRIED VED, DIVORCED (specify) FUER MARRIED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
de	10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even it retired)	OF BUSINESS OR INDUSTRY	Balta MO 14. MOTHER'S MADEN NAM		12. CITIZEN OF WHAT COUNTRY?
	ASHOW R. Mc MUL			REMAN.	
1.5 (Y	(5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates af service No.	An Englin	Mrs- Satah L. M.M.	Jullon Comothe	ADDRESS Same 15424
	injury at camplication which caused death.) ANTECEDENT CAUSES	STATION AND TO SEE TO S	EEDING DIA	DISEASE	24RS. SINCE
	UNDERLYING CONDITION last.	5	KCONDITION DIF		The chiones
TIEL CAT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 12	WHICH OPERATION	REBRAL HZ	208. IF YES, WERE FI	INDINGS CONSIDERED USES OF DEATH?
=	OR CONTRIBUTING CAUSE OF	TB. PLACE OF INJURY (e.g., income, form, foctory, street, of	or obout 2VC. WHERE DID	(If in Boltimore	City, give exact (acotion)
MACOL	S (APPROX)	TE. INJURY OCCURRED While At Not While Work At Work		JRY OCCUR?	
	22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive at		1/ # F 1	9 66 to 1	19 ½ C
	and hour and from the causes stated above. 23A. SIGNATURE Resuld Flau	M.D. Atte	nding Med.	Stoff Phys.	238, DATE SIGNED 1/22/66
	23C. PHYSICIAN'S NAME (Type) FORAL L. FA	Aul. M.D.	UNIVERSITY	1 Hespitas	1. BAITO. md.
	But 101 Jan, 25/66	Slen Haven M E OF REGISTRAR		Glen Burn	y, lown, or county) (Stote) ADDRESS
V	JAN 26 1966 P. 6. 2 36	Control Control	R. V. Sing!	leton, 6	Hen Burnie Md.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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		BALTIMORE CITY HEALT	H DEPARTMENT
		HATTH NO. 66 00888 CERTIFICATE C	OF DEATH Segistered No. 66 00888
1	1. N/	I.NAME OF DECEASED	2, DATE AND HOUR OF DEATH
	(Тур	Type or Print Tohn Thomas Dunn	1/21/66 19:30 P.M.
	3. PI	B. PLACE OF DEATH IN BALTIMORE, MARYLAND	AL RESIDENCE (Where defeosed lived, if institution; residence before admission)
-	E	FULL NAME OF (If not in hospital or institution, give street	9d. Anne avundel
Í	H	110.0017.11 0.7	OR TOWN (If autside city limits, write RURAL and give township)
_	1-		Ten Burnie 5200
5	Y	University Hospital D. STR	EET ADDRESS (If rurol, give lacation)
ô		7:	509 Furnace Branch Rd. APT.
3	5. SI	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE WIDOWED, DIVORCED (specify)	OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
		MIDOWED, DIVORCED (Specify)	27/13 52
2		10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRT	HPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
2		done during most of working life, even if refired) Out the law is contain U.S. Air Force	Pennsylvania 16.5.A
2		BELLOTER IN 2415CLOA	THER'S MAIDEN NAME
2	T	TITO	M · · ·
3	06	John I - Wun N 5, Was Deceased Ever in U. S. Armed Forces? /16. SOCIAL 17. INFO	DRMANT TENTIGON ADDRESS
5	(Yes,	Yes, no or ulknown) (If yes, give war or dates of service) SECURITY NO.	ADDRESS ADDRESS
		173-05-58941913-	Eiteen Keery (Daughter) Glen Burnie, Mds
5		18.3 8/ / CAUSE OF DEAT	H INTERVAL BETWEEN ONSET AND DEATH
3		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
		(This does not mean the made of dying, e.g., DUE TO	a csopha geal 12 days
5		heart failure, asthenia, etc. It meons the disease, injury or complication which caused death.)	1 Varices
		ANTECEDENT CAUSES (B) A Q Q A	necia Cirkosis Years
D D		DISEASES OR CONDITIONS, if any, giving	
5		rise to the above cause (A) stating the (C)	
2		UNDERLYING CONDITION Iost.	
5	z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
20	ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
0	ICA D	2 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A	AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
-	RTIFIC	Tracheostomy Was PERFORMED Tracked Stamy	125 IN CERTIFYING CAUSES OF DEATH?
0		U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout	of 21 C. WHERE DID (If in Bo)timore City, give exact location)
Deror	4	✓ DEATH (notify medical examine) (etc.)	, INJORI OCCUR.
3		21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
alue	2	OF INJURY (APPROX.) While At Not While At Work At Work	
DIC		22. I certify that \$\P\(\text{(this haspital)}\) attended the deceased fram \(\int\)	1966 to 1/2/ 1966.
Ö	1	22. I certify that ger (this haspital) afterded the deceased truth	
0			9
20	1 6	and have and from the causes stated above. (1) (did) (did) (did) view the	body after death. 23B, DATE SIGNED
E		B. Allending	Med. Stoff
5		Phys. 23C. PHYSICIAN'S 23D. AD	Director Phys. 7
2	1	NAME (Type)	1 100 100 100 100
approx	244	Bernard du Buy M.D.	(n, ver 3, 1 9 1705/17 Pa)
3	24A.	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATOR	Y 24D. LOCATION (City, flown, or county) (State)
D	E	Burial Jan 25/62 Glen Haven Mem. 25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR 125C	Park Glen Burnie Maryland.
	25A.	25A. DATE REC'D BY HEALTH DEPT. /25B. NAME OF REGISTRAR 25C	PUNERAL DIRECTOR ADDRESS
5		JAN 26 1966 Of Part 29 January C 17 18	VERLIAGIETON, Glen Burnie, Md.
	VS 1	/S 150-REV. 1/1/65	



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	the hospital by a medical examiner. Also, if the direct or contributing cause of death and any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the obtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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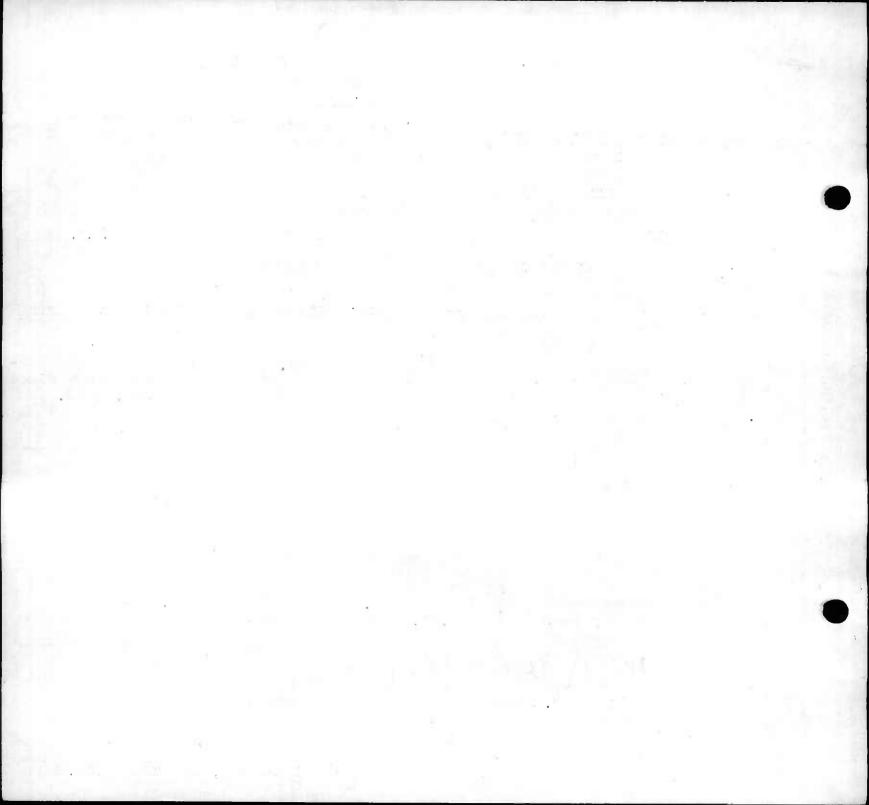
25A. DATE REC'D BY HEALTH DEPT.

1966

JAN 26 VS 150-REV. 1/1/65 258. NAME OF REGISTRAR

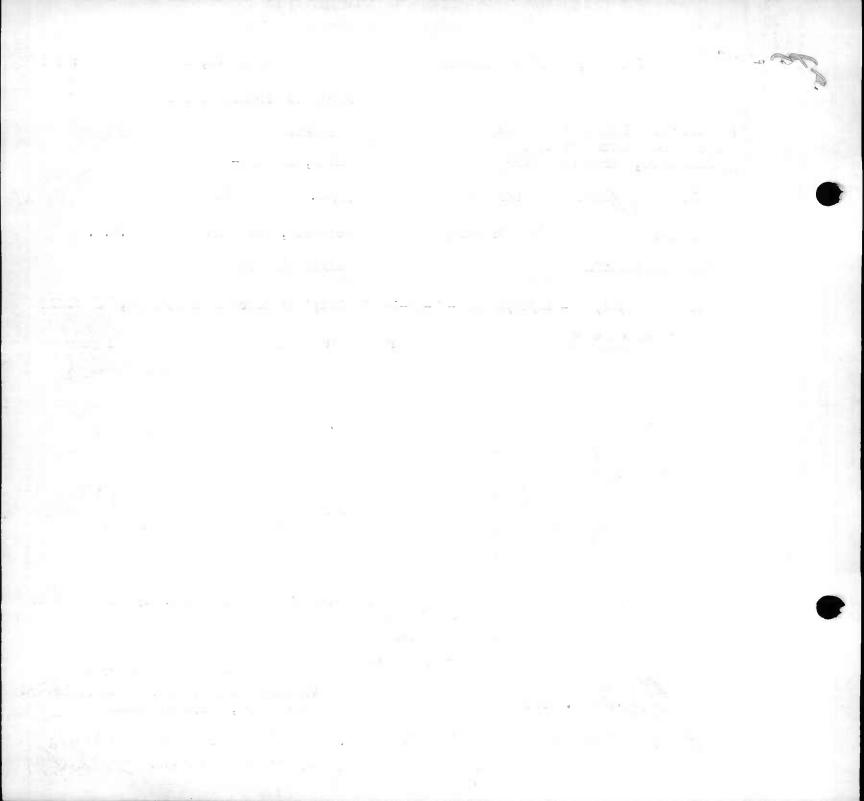
		00		BALTIMORE CITY	HEALTH DEPARTMENT			
BIRT	TH NO.	00	00889	CERTIFICA	TE OF DEATH	Registered No	- 66 00889	
1. N	E. CASE NO. IAME OF DEC pe or Print)		E M. SP	IEKERMAN	JANUARY 23, 1966			
3. 1	PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND			ere deceased lived. If	institution: residence before admission)	
	FULL NAME C)F (If not in hospital oddress or location		give street	MARYLAND	92.	e RURAL and give township)	
	NSTITUTION			В	ALTIMORE			
1/6		DSOR NURSING			D. STREET ADDRESS (I	f rurol, give location)		
1	302	25 WINDSOR AV	ENUE		1104 HAVERHII	LL ROAD	21229	
FE	SEX MALE	6. RACE WHITEE	7. MARRIED WIDOWE	, NEVER MARRIED D. DIVORCED (specify)	5/9/77	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
			108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?	
	HOUSEWIE	working lite, even if retired)			MARYLAND		U.S.A.	
	FATHER'S NA				14. MOTHER'S MAIDEN NA	AME	U.D.A.	
		WILLI	AM JENK	INS	UNKNOW	1		
1S. (Ye	Was Deceased s, no or unknown	Ever in U. S. Armed Fo	rces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	NO				MISS MAUD MULLI	ER. 1104 HAV	VERHILL ROAD 21229	
	18. 44	2 XI		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEA	SE OR CONDITION DI	RECTLY	0-		nomal Disc		
	(A)			rdiovascular	Lenar Dise	in Windsor Nur		
	heart failure,	asthenia, etc. It means	the disease	, por topo	ud murmurs.			
	1	nplication which caused					sing Home sinc	
		ANTECEDENT CAUSES		(B)		no come an an antito an ancia do cor do de antito an destido do de deráceo. El destindo de electrica	Oct. 1949.	
	rise la lh	OR CONDITIONS, if e abave cause (A) G CONDITION last.						
		II						
ATION	TO THE D	IFICANT CONDITIONS (EATH BUT NOT REL. CONDITION CAUSING	ATED TO TH					
RTIFICA	19A. DATE OF	OPERATION 198. COM		WHICH OPERATION	20A. AUTOPSY? (Yes or N	10) 20B, IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?	
CAL CE	OR CONTRIBL	NT WAS UNDERLYING [UTING [] CAUSE OF medical examiner)	211 hos etc	me, form, factory, street, o	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltim	ore City, give exact location)	
EDI	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 211	. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
1	(APPROX.)			hile At Not While Ork At Work	e			
	22. I certify that (I) (this hospital) attended the deceased from Fab. 1965. 19 to Jan. 23-66. 19							
	that (1) (we) lost saw the deceased alive on							
	ond hour and from the couses stated above. (f) (We) (did) (did not) view the body after death.							
	23A. SIGNATU	Wing P	Joh	1128 A	ending Med.	Stoff Phys.	23 B. DATE SIGNED	
	23C. PHYSICIA				23D. ADDRESS	- 117-12		
	IAWWE (WILLIAM R	. JOHNS	ON M.D.	4008 EDMONDS	SON AVENUE		
24/	A BURIAL CRE	MATION, 24B. DATE	24C. N	AME of CEMETERY OF CR	EMATORY 24D.	LOCATION	(City, town, or county) (State)	
B	URTAT.	1/26/66	IO	IIDON PARK CEME	CTERY BA	ALTIMORE.	MARY LAND	

HUBBARDFUNERAL HOME, 4107 WILKENS AVE. 21229



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital, and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of ceath shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the decased prior to death. Such written approved must be obtained before the contribution of the contribution is and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the contribution of the contribution is and (6) to be contributed or find disposition is and (6) to be contributed or find disposition is and (6). IMPORTANT FUNERAL DIRECTOR:

	BALTIMORE CITY HEALTH DEPARTMENT								
BIRTH NO. M.E. CASE NO. CERTIFICATE OF DEATH Registered No.									
	J. NAME OF DECEASED				2. DATE AND HOUR OF DEATH				
110	(Type or Print) BALDWIN, Charles Elliott				Janu	ary 21, 196	6 7:10 a		
3	B. PLACE OF DEA	TH IN BALTIMORE, MA			4. USUAL RESIDENCE (Whe	re deceased lived. If i	nstitution: residence before admission)		
	FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospital oddress or location	or institution, (give street	Maryland Pr	_			
9 1		Administration	on Hospi	ital	Accokeek		66-00		
		Raven Boule	_			rural, give location)			
			21218		Rt 1, Box 155-C				
0	5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.		
E	Male	White	Marr	ied (specify)	8/3/11	lost birthdoy)	Months Doys Hours Min.		
			TOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?		
disposition is		working life, even if retired)	Time	ame I ama	Assolvests Mo	b an a	U.S.A.		
S I	Watchman	AE	Une	employed	Accokeek, Ma		U.D.A.		
0					14. MOTHER'S MAIDEN NA	WE			
2	Randolph	Baldwin			Nellie Ellio	ott			
	5. Was Deceased Yes, no or unknown	Ever in U. S. Armed Fare	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
ringi	Yes	7/16/42 - 1	1/29/45	577-03-09-19	VA Hospital Re	cords Balt	imore, Md 21218		
	1B. //	2 / 1	7 77 12	CAUSE O			INTERVAL BETWEEN		
	DISEAS	E OR CONDITION DIR	ECTI V	altra			ONSET AND DEATH		
0		LEADING TO DEATH	LCILI		hogenic carcino	1 year			
E	(This does not mean the mode of dying, e.g., DUE TO								
Balae	heort foilure,	osthenio, etc. It meons	the diseose,						
E		plication which caused	death.)						
	/	ANTECEDENT CAUSES		DUE TO		·	***************************************		
0 0		OR CONDITIONS, if					1/		
		obove cause (A) G CONDITION last.	stating the	(C)		******			
remains	ONDEREING								
E	Z OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTION				1		
0	E TO THE D	EATH BUT NOT RELA	TED TO TH	E			1		
	DISEASE OR	CONDITION CAUSING I		WHICH OPERATION	20A. AUTOPSY? (Yes or No	V 000 15 455			
The	19A. DATE OF	WAS PERF	ORMED	WHICH OPERATION		IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
9					Yes				
e l	OR CONTRIBU	TING CAUSE OF medical examiner)	21 B. ham etc.)	e, form, factory, street, of	fice bldg., INJURY OCCUR?	(If in Baltimar	e City, give exact location)		
	21 D. TIME	(Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
	S (APPROX.)		Whi	While At Not White					
2		Work At Work							
22. I certify that 10) (this haspital) attended the deceased from December 7th 19 65 to Janu							nuary 21st 19 66,		
	V	lost saw the decease		Tarana arms 97 and			inian death occurred an the date		
0	and have an-	l from the course stat	ad about XI	Y(W-) (III) (XXXX)		()			
2		ond hour ond from the couses stoted obove. (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE [23B. DATE SIGNED]							
TT UST	234. 31014270	23A. SIGNATURE							
	M.D. Attending Med. Stoff Phys. X 1/21/66								
Š	23 C. PHYSIZIA	23C. PHYSIZIARS							
Phys. Director Phys. 23D. Address VA Hospital 3900 Loch Raven 23C. PHYSIZIAN 3 NAME (Vpp) Johns Howe M.D. Baltimore, Maryland 21218 24A. BURIAL CAEMATION, 124B. DATE 124C. NAME of CEMETERY of CREMATORY 124D. LOCATION (City, town, or count									
0	24A. BURIAL CAE		24C, N/	ME of CEMETERY of CRE					
	REMOVAL (S	ip/ecify)		1. L	1/6/1	1. 1	ity, town, or county) (Stote)		
	Bur	ial Jan. 25	1966	Unlington)	Vational H	26/19/0	n, Virginia		
	SA. DATE REC'D	BY HEALTH DEPT.	25B. NAME C	F REGISTRAR /	250 FUNERAL DIRECTOR	4 1/1/	Alabaress Day A		
3	IANG	6 1966 A 0	a gat	1.O. 10 0	the Hounds	muneral Ho	me, graldost, Med.		
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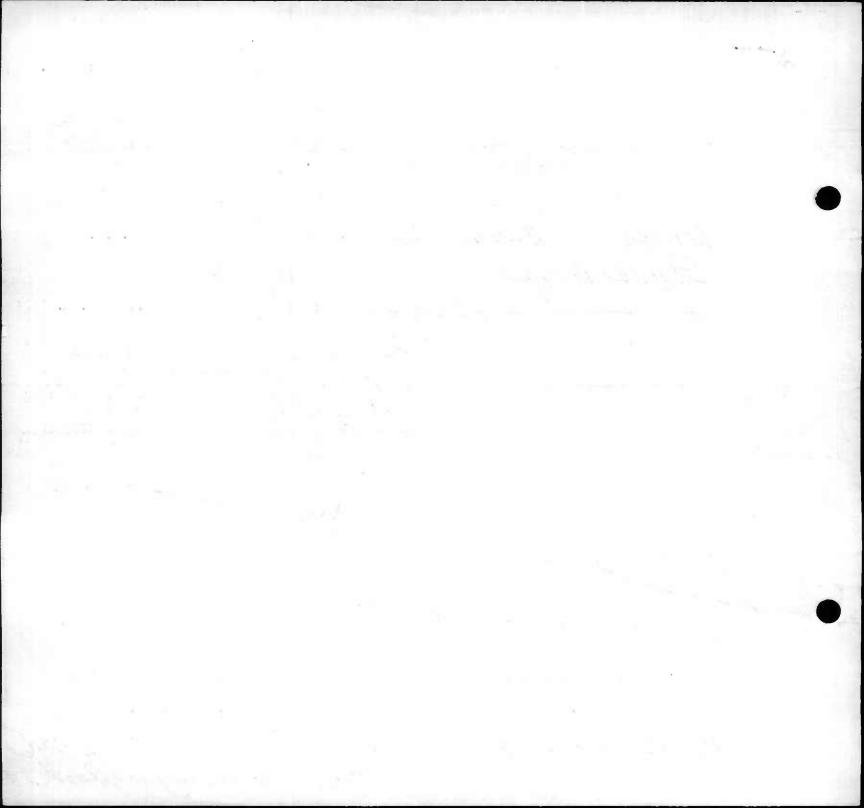
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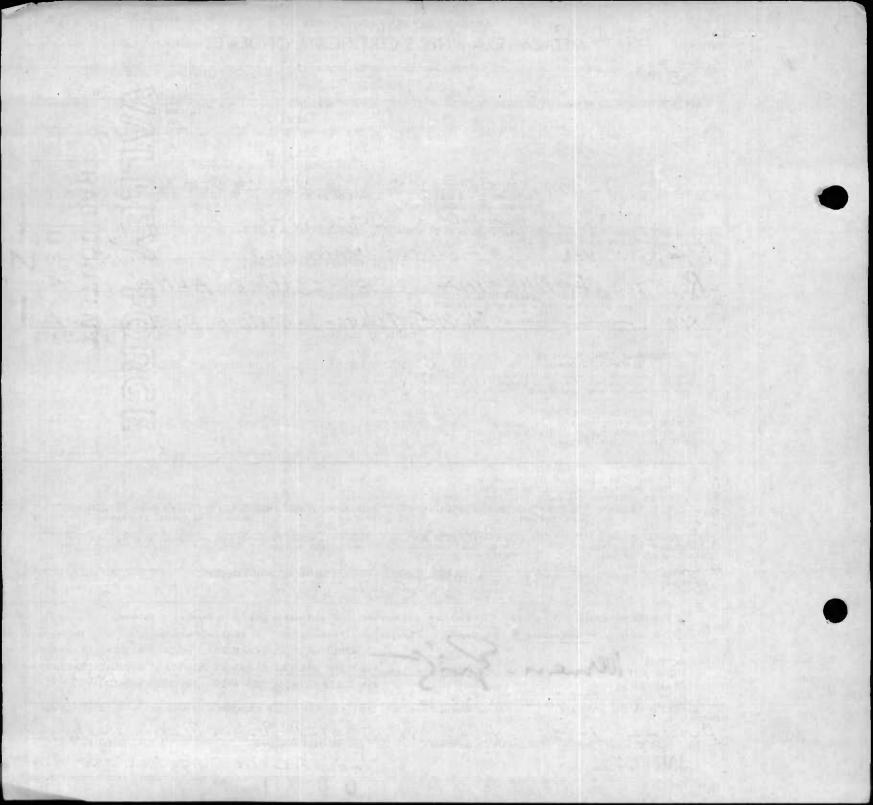
VS 150-REV. 1/1/65

25C. EUNERAL DIRECTOR



BIRTH	NO.	66	MED
			ITTL

	ERTIFICATE OF DEATH Registered Na.
M.E. CASE NO. 1. NAME OF DECEASED	2, DATE AND HOUR PRONOUNCED DEAD
(Type ar Print)	-1111
Bentio M. Lamartina 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	1/22/66 7:00 p. M. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bltimore
	D. STREET ADDRESS (If jurol, give location)
Union Memorial Hospital	13LO Silverthorn Rd.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs.
male white MIDOWED, DIVORCED(specify) MIDOWED, DIVORCED(specify) MIDOWED, DIVORCED(specify) MIDOWED, DIVORCED(specify)	Oct -3 -1919 lost birthday Months, Doys Hours, Min. 36
DESTINERY MAN KOONTZ CREAMERY	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor at dates of service) SECURITY NO.	1
118. CAUSE	OF DEATH OF DEATH OF DEATH OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (Arterio	osclerotic cardiovascular disease
(This does not mean the mode of dying, e.g., heard foilute, osthenio, etc. It means the disease, injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Z1A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B, PLACE OF INJURY (e.g., home, form, factory, street, of etc.)	in at about 21C. WHERE DID (If in Baltimate City, give exact location) office bldg., NJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m. WORK AT W	ORK L
	tapsy and that an this basis, death In my apinlan
resulted fram: Natural causes 🗵 Accident Suicide	e Hamicide Undetermined manner
ACTUAL SIGNATURE Were n - Some M.D.	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 1/23/66
23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY O	
BURIAL J- 26-66 HOLY REALTH DEPT. 1248, NAME OF REGISTRAR	DEEMER BELAIR ROAD BALTO MI
JAN 26 1966 C. C. C. C. C. P. N	LEO G. COOK THEO HARFORD ROA.
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BALTIMO	CE CILI	DEALIT	DEPAK	MEN

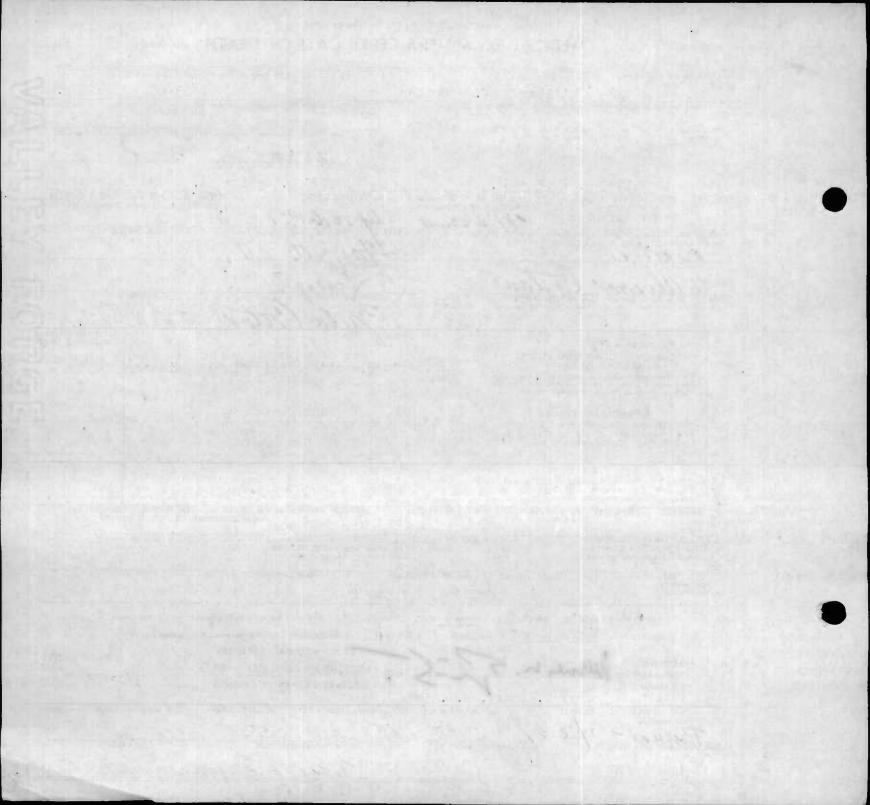
BIRT	TH NO. 66 008	93 CERTIFICA	TE OF DEATH	Registered No.	00893
	E CASE NO.		2. DATE AN	D HOUR OF DEATH	
(Тур	De or Print) SIMPSON J	AMPS &	1-23-6	10 - 1:15 8M	Μ.
3. 1	PLACE OF DEATH IN BALTIMORE, MA	RYLAND		e deceosed lived. If institu	tion: residence before odmission)
1	HOSPITAL OR oddress or location	or institution, give street	C. CITY OR TOWN (If out	side city limits, write RUR	AL and give township)
18	NSTITUTION SOUTH BALTO. GE	FN. HOSP	Baltimore.	21213	
17	2B LIGHT ST, BA	LTO, MP 21230	D. STREET ADDRESS	rurol, give locotion)	
5. 5	L DACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)			Under 1 Yr. If Under 24 Hrs.
.63		MARRIED KIOB, KIND OF BUSINESS OR INDUSTRI	7-13-16	50	
	e during most of working life, even if retired)	SUGAR	111. BIRTHPLACE (Stote or forei	gn country)	CITIZEN OF WHAT COUNTRY?
2	FATHERS NAME	DoiLER Cheaver	N C	45	USA.
13.	TI S NAME		14. MOTHER'S MAIDEN NAM	1c CO X	
15	Was Deceased Ever in U. S. Aryand Fo	ILC SUMPLEN 11 6. SOCIAL	17. INFORMANT	Tecex	ADDRESS
(Ye	s, no or unknown) (If yes, give wolfor dot	es of service) SECURITY NO.	7/-		ADDRESS
-	18. / 60 / 1	CAUSE C	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DI		ar We		ONSET AND DEATH
	LEADING TO DEATH	(A) Cok	1 Esopho	egus	I VR.
	(This does not mean the mode of	dying, e.g., DUE O	QUAMOUS C	elicaren	SEMIX)
	heart failure, asthenia, etc. It means injury ar complication which caused				
	ANTECEDENT CAUSES	(B) DUE TO		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	DISEASES OR CONDITIONS, if	any, giving			
F	rise to the above couse (A) UNDERLYING CONDITION last.	sloting the (C)			
	11				
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO THE			
IC.	19A. DATE OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FINE	DINGS CONSIDERED
E L	UNONE WAS TE	FORMED	NO	IN CERTIFYING CAUSE	OF DEATH?
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218 PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Bottimore Ci	ly, give exact location)
	21 D. TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
8	(APPROX)	While At Not Whi Work At Work			
		l) attended the deceased fram		*	3-66 19
	that (we) lost saw the deceas	ed olive an 1-13	19 G and the	ot in (any) (our) oplnion	death accurred on the date
	and haur and from the causes sta	ted abave. (I) (We) (did) (did not)			
	23A. SINATURE	n 6		23	B, DATE SIGNED
	Transit A	dellery M.D. At		Stoff Phys.	1-23-66
	23C. PHYSICIAMS NAME (Type) NARCISO A.	DE BORIA M.D.	12 13 LIE HT 5	T, BALTO,	MD. 21230
244	REMOVAL (Specify)	24C, NAME of CEMETERY or CR	EMATORY 24D. LC	CATION (City, 1	own, or county) (Stote)
25A	A. DATE REC'D BY HEALTH OFFY.	25B NAME OF REGISTRAR	Comelly C	verpou	ADDRESS
1	JAN 26 1966 @ O.	E stanburth a	a love of the	e la base i	15071 (May 1800

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BALTIMORE CITY HEALTH DEPARTMENT

BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.
1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR PRONOUNCED DEAD
William C. Cotton 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 1/23/66
A. STATE B. COUNTY
FULL NAME OF HASPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL) and give township)
INSTITUTION C-AI
D. STREET ADDRESS (If rurol, give location)
1223 N. Dallas St. 1223 N. Dallas St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hi
male colored Minuteced april 16 1900 Manths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY) BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF
done during most of working life, even if refired)
13. FATHERS NAME
William Crilar Ducy:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
IB. CAUSE OF DEATH INTERVAL BETWEEN
ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriogaleratic cardiousegular disease
(This does not mean the mode of dying e.g., heart foilure, osthenio, etc. It means the disease
injury or complication which caused death.)
ANTECENDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)
1
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT
DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimare City, give exact location)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.
21D TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK TO WORK
I certify that I held on Inquiry Inspection Autapsy ond that on this basis, death in my opinion
I certify that I held on Inquiry Inspection Autapsy ond that on this basis, death in my opinion resulted fram: Natural couses Accident Sulcide Hamicide Undetermined monner
Certify that I held on Inquiry Inspection Autapsy ond that on this basis, death in my opinion resulted fram: Natural couses Accident Sulcide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER
I certify that I held on Inquiry Inspection Autapsy ond that on this basis, death in my opinion resulted fram: Natural couses Accident Suicide Hamicide Undetermined monner ACTUAL AC
Certify that I held on Inquiry Inspection Autapsy ond that on this basis, death in my opinion resulted fram: Natural couses Accident Sulcide Hamicide Undetermined monner ACTUAL SIGNATURE DATE SIGNED
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. Autapsy ond thot on this bosis, deoth in my opinion and thot on this bosis, deoth in my opinion and thot on this bosis, deoth in my opinion and those on this bosis, deoth in my opinion and those on this bosis, deoth in my opinion and those of the management of the managemen
I certify that I held on Inquiry Inspection Autapsy ond that on this basis, death in my opinion resulted fram: Natural couses Accident Sulcide Hamicide Undetermined monner ACTUAL SIGNATURE ACSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 1/23/66 NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (Sity, town, or county) (State)
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. Autapsy ond thot on this bosis, deoth in my opinion and thot on this bosis, deoth in my opinion and thot on this bosis, deoth in my opinion and those on this bosis, deoth in my opinion and those on this bosis, deoth in my opinion and those of the management of the managemen
I certify that I held on Inquiry Inspection Autapsy ond that on this basis, death in my opinion resulted fram: Natural couses Accident Sulcide Hamicide Undetermined monner ACTUAL SIGNATURE ACSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 1/23/66 NAME (Type) Wer'ner U. Spitz, M. D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (Store)
Certify that I held on Inquiry Inspection Autapsy ond that on this bosis, death in my opinion resulted fram: Natural couses Accident Sulcide Hamicide Undetermined monner ACTUAL SIGNATURE DATE SIGNED



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1.	E CASE NO.	ED				2. DATE ANI	HOUR PRONOUNCE	ED DEAD	
(Ту	pe or Print)		JAMES	GARDNER		1-2	3-66	1	4:00 P. M.
3.	PLACE IN BALTIMO	DRE, MARYLAND, W			A. STAT	AL RESIDENCE (Where		itution: reside	
HC	LL NAME OF	ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET		OR TOWN (If outside	corporate limits, write	RURAL ond	give township)
IN:	NOITUTIT					ltimore	13.	02	
7		PROVIDENT I	HOSPITAL			et Address (If rurol, 211 Linden	•		
5.	SEX 6. R	ACE	7, MARRIED,	NEVER MARRIED		OF BIRTH	9. AGE (In years		Yr. If Under 24 Hrs.
19	Male	Colored	WIDOWED, D	OIVORCED (specify)		1939	lost birthday)	Months D	oys Hours Min.
	e during most of works		k TOB. KIND OF	SUSINESS OR INDUSTR	Y 11. BIRTH	PLACE (State or foreign	n country)	12. CITIZEN WHAT	OF COUNTRY?
13.	FATHER'S NAME	1 1	1 1	1	14. MOT	HER'S MAIDEN NAME	7 +.		
15	WAS DECEASED E	VER IN U.S. ARMEI	Jarcer Section	16. SO CIAL	17. INFO	Crince (usus	ADDRESS	****
		es, give war ar date		SECURITY NO.	ann	re Custos	2211 /	uden	are
	18. F 4 9	1-X1		CAUS	E OF DE	TH			NTERVAL BETWEEN
		OR CONDITION D				1 6 1	. 1 1 1		
	(This does not heart failure, ast	mean the made of henio, etc. It means tation which caused	dying, e.g., the disease.	(A) Guns	snot w	ound of che	st and abdor	men	000000000000000000000000000000000000000
	DISEASES OR	CONDITIONS, IF A BOVE CAUSE (A) S CONDITION LAST,	ANY, GIVING	OUE TO					
Z				(C)					
ERTIFICATION	TO THE DE	II CANT CONDITIONS ATH BUT NOT RE ONDITION CAUSING	LATED TO TH						
CERTI		ERATION 198. COI		VHICH OPERATION	20 A. /	Yes	208. IF YES, WERE FILL IN CERTIFYING CAU		
CAL	21A. EXTERNAL C	CONTRIB-	home,	PLACE OF INJURY (e.g., form, foctory, street,	in or obou	1 21C. WHERE DID	If in Boltimore City, gi	ve exact loc	otion)
MEDIC	21 D TIME (M	OF DEATH.	etc.)	Street E. INJURY OCCURRED		N.W. Corne	er Linden Av	ve. & D	ucatel Stree
	(APPROX.)	1 23 '6	2:25 W	HILE AT NOT	WHILE X	Gunshot we	ound of chea	at	
	22. I certify	that I held an	Inquiry 🗌	Inspection A	utopsy X		s basis, death in n		
	resulted	fram: Natural co	uses 🗌 A	ccident Suici	de 🗌 _	Hamicide X	Indetermined mann	er 🗌	
	ACTUAL	1	-1/-	0 -		HIEF MEDICAL EX			DATE SIGNED
	SIGNATUR	,	71-1	M.C		ANT MEDICAL EX			1-24-66
	EXAMINER NAME (Typ	'S e) RUSSE:	LL S. FI	SHER, M.D.	ASSOC	IATE MEDICAL E	(AMINER		1 24 00
	MOYAL (Specify)			NAME OF CEMETERY	or CREMA	TORY 23 D. L	OCATION (City,	, tawn, or car	unty) (State)
	Burra	HEALTH DEPT.	7-66 24B, NAME	OF REGISTRAR	240	FUNERAL DIRECTOR	timera	AD	DRESS
	JAN 26	1966 (0.	8- 8. 30	Deepth .	7	Bruke	Kinna	sed!	,
VS	151-REV. 1/1/65	1/839 1/	+ * *) 	14	17777	1 71	D - CG	2.3

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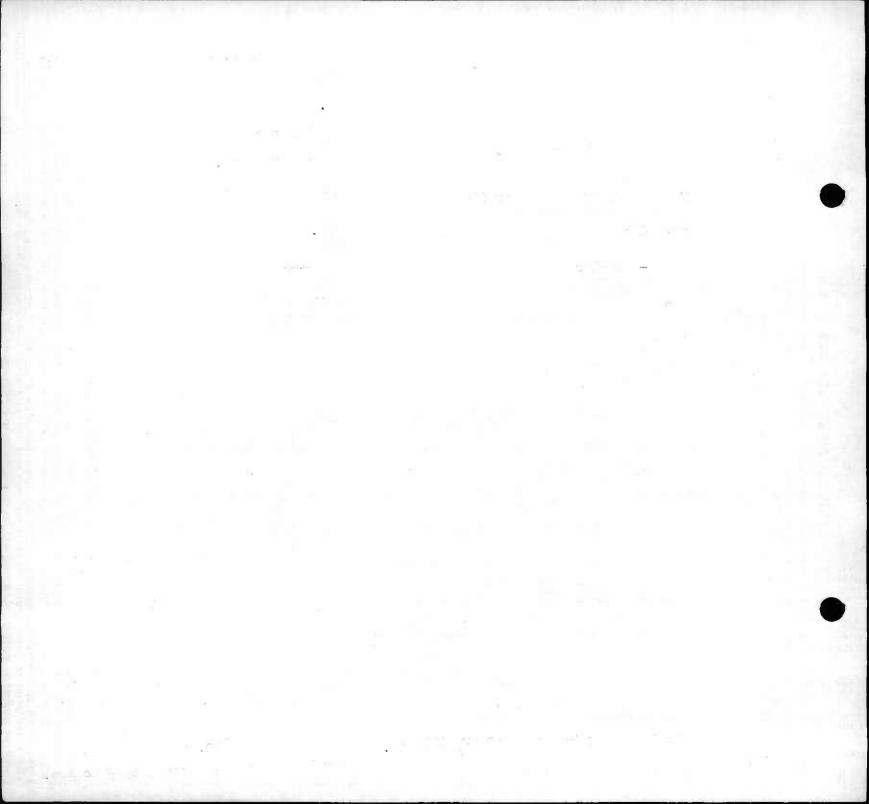
deceased

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BALTIMORE CITY HEALTH DEPARTMENT Registered No.5 00896 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type er Print) GEORGIA L. ELLIOTI 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceesed lived. Il institution; residence before edmission) B. COUNTY A. STATE (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR eddress er lecetien) C. CITY OR (Il eutside city limits, write RURAL end give tewnship Baltimore D. STREEY ADDRESS (If rurel, give lecetien) 607 Maude Ave. Maude Ave. made 7. MARRIED, NEVER MARRIED 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Hours Months Doys WIDOWED, DIVORCED (specify) lest birthdoy) 6/5/79 86 Married 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stele or foreign ceuntry) 12. CITIZEN OF disposition WHAY COUNTRY? dene during mest el werking lile, even if retired) Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carter 15, Was Deceased Ever in U. S. Armed Ferces? (Yes, ne er unknewn) (If yes, give wor or detes of service) 6. SOCIAL 17. INFORMANY ADDRESS final SECURITY NO Same No Family 10 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting the UNDERLYING CONDITION last. before the remains 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes er Ne) 208, IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in er ebout 21 C. WHERE DID home, ferm, foctery, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact lecetion) OR CONTRIBUTING _ CAUSE OF MEDICAL DEATH (netily medical exeminer) etc.) obtained 21 D. TIME (Menth) (Dey) (Yeer) (Heur) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work ALWAnd 22. I certify that (1) (this hospital) attended the deceased fram pe that (1) (we) last saw the deceased alive an and that in (my) (out) apinion death accurred on the date and haur and fram the causes stated abave. (M/We) (did) (did nat) view the bady efter death, must 23A, SIGNATURE 23B. DATE SIGNED Attending M.D. Med. Steff Phys. Directer Phys. written approval 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 936 Patapsco Ave., Bal timore. Imre Neubauer, M.D. 24A. BURIAL CREMATION, 248. DATE 24C. NAME el CEMETERY es CREMATORY 24D. LOCATION (City, tewn, er county) REMOVAL (Specify) Burial McGully Funer ADDRESS lly. Funeral

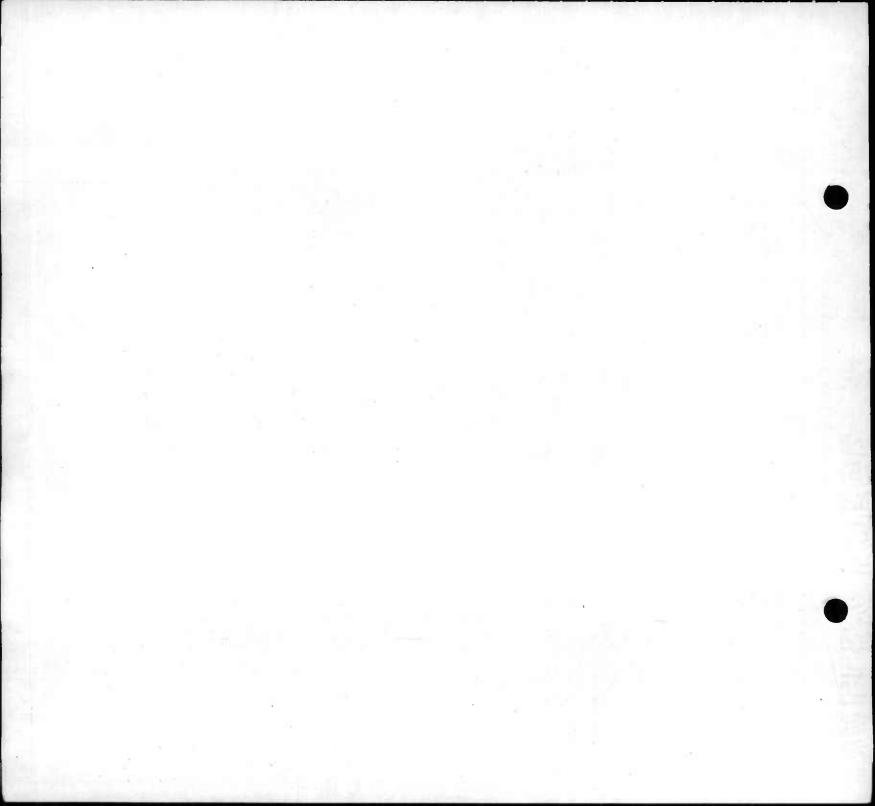


VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTME

Registered No.	1
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BIRTH N	o. fili	(1119;	CERTIFICA	TE OF [DEATH	Registered No.	55 110897	_
	OF DECEASED				2. DATE AN	HOUR OF DEATH		
(Type or	Print) Selma G.	Cecil			Jan	. 23, 1966	11:45 P	M
3. PLAC	E OF DEATH IN BALTIMORE, MA			4. USUAL RE A. STATE		deceased lived. If i	institution: residence before odm	ission)
HOSP	NAME OF (If not in hospital PITAL OR oddress or location TUTION	or institution,	grve street	Maryl c. city or 1		18 side city limits, write	RURAL and give township)	
20	Lake Drive		g H ome	Balti D. STREET A	more DDRESS (If	utol, give location)		
0	2401 Eutaw							
	Baltimore,	Md.		B. DATE OF B	cKewin A			4 11
	emale White	Wido		Aug. 5,		ost birthdoy)	If Under 1 Yr. If Under 2 Months Doys Hours	Win.
done duri	JAL OCCUPATION (Give kind of working most of working life, even if retired)	10B, KIND C	F BUSINESS OR INDUSTRY		CE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?	
Reg	gistered Nurse	Nurs:	ing	Maryl			USA	
13. FATE	HER'S NAME			14. MOTHERS	MAIDEN NAN	A E		
1	Frank Gibson				Thompse	on		
(Yes, no	Deceased Ever in U. S. Armed Far or unknown) (If yes, give wor or dote		16. SOCIAL SECURITY NO.	17. INFORMA		. \ C	ADDRESS	
No	9		217-03-6938A	Thomas	Cecil (Son) Same	3	
18.	422.1		CAUSE O	F DEATH			INTERVAL BETWEE	
'	DISEASE OR CONDITION DI	RECTLY		,	, ,	0 1		i n
	LEADING TO DEATH		and Alat	PHIOSO	clorati	c Carlio	- 2 year.	50
(Thi	is does not mean the mode of	dying, e.a	DUE TO		901011	0 04.970	4	2
	urt failure, asthenia, etc. It meons		9	504/9	+ Dise	758	,	
inju	rry ar complication which caused	deoth.)						
	ANTECEDENT CAUSES		(B)					
516	TARES OR CONDITIONS I							
	EASES OR CONDITIONS, if							
	DERLYING CONDITION last.	sioning in	(C)					
011	DERETHIO CONDITION (dat.							
E TO	HER SIGNIFICANT CONDITIONS CONTROL OF CALLED CALLED	ATED TO T						
ERTIFICA 164	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)			20A. AUTO	PSY? (Yes or No	208, IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?	
U 21 A				n or obout 21 C	WHERE DID	(If in Boltimo	ore City, give exact location)	
OR				fice bldg., INJ	JRY OCCUR?	Will bound	ore only, give exoct locolour	
D 21 D	- TME (Month) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED	21 F.	HOW DID INJ	URY OCCUR?		
S OF	INJURY	W	hile At Not Whil	e 🖳				
(AP	PROX.)		fork At Work					
22	I certify that (1) (this hospite) attended	the deceased from	UNE	1	946 to J	AN. 10 (06
	t (1) (we) last saw the decease			19 6			pinian death accurred an th	
	I haur and from the causes sta			iew the body	after death.			
	SIGNATURE						23B, DATE SIGNED	
1	om. H. Kans	4016	M.D. Atte	ending	Med. Director	Stoff Phys.	JAN. 25.1	966
23 C	PHYSICIANS	209	7 1	23D. ADDRESS			1 4 7 1 1 2 1	100
	NAME (Type)	Kammer	Jr. M.D.	6011	York Road	1		
	IRIAL CREMATION, 248. DATE	24C.	NAME of CEMETERY OF CRI	MATORY	24D. Le	OCATION (City, town, or county) (5	Stote)
	urial 1/26/19	66 Mor	ocacy Cemetery		Bea:	llsville, M	∕id •	
25A. DA	ATE REC'D BY HEALTH DEPT.		OF AEGISTRAR	25C. FUN	ERAL DIRECTOR		ADDRESS	
29	IAN 27 1966 Of low	TE, J	ander AM	Seitz	Funeral	tz 5209 Yo Home Balt	ork Road	



death occurred in a hospital and t or contributing cause of death Undetermined cause; (5) Deceased direct 3 assistant if IMPORTANT kind; any or his Also, of fracture the chief medical examiner FUNERAL DIRECTOR: examiner. 3 medical burns; Body 0 by 3 to the hospital nature; approved

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. C BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2, DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddiess or location) write RURAL and give (If outside city limits, INSTITUTION D. STREET ADDRESS (If rural, give location) 7. MARRIED, NEVER MARRIED 5. SEX 6. RACE If Under 1 Yi. B. DATE OF BIRTH 9. AGE (In years If Under 24 His. Hours WIDOWED, DIVORCED (specify) lost birthdoyl 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 5, Was Deceased Ever in U. S. Armed Forces 17. INFORMAN 6, SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. Mrs. Mildred No INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg, INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) elc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While OF INJURY While At (APPROX.) Work 22. I certify that (I) (this haspital) attended the deceased from that (1) (we) lost sow the deceased alive on.... ond that in(my) (our) opiniun death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A, SIGNATURE 23 B. DATE SIGNED M.D. Attending Med. Stoff Phys. Director Phy s. 23C. PHYSICIAN 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) Oak Lawn (emetery 25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65

20 27-11-8-15 70 The section of the se Chestruden Propertie U. G.I hammonday 99-979-1-1 TIG. DEDENGATE MO. GEN. HOSED.

FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

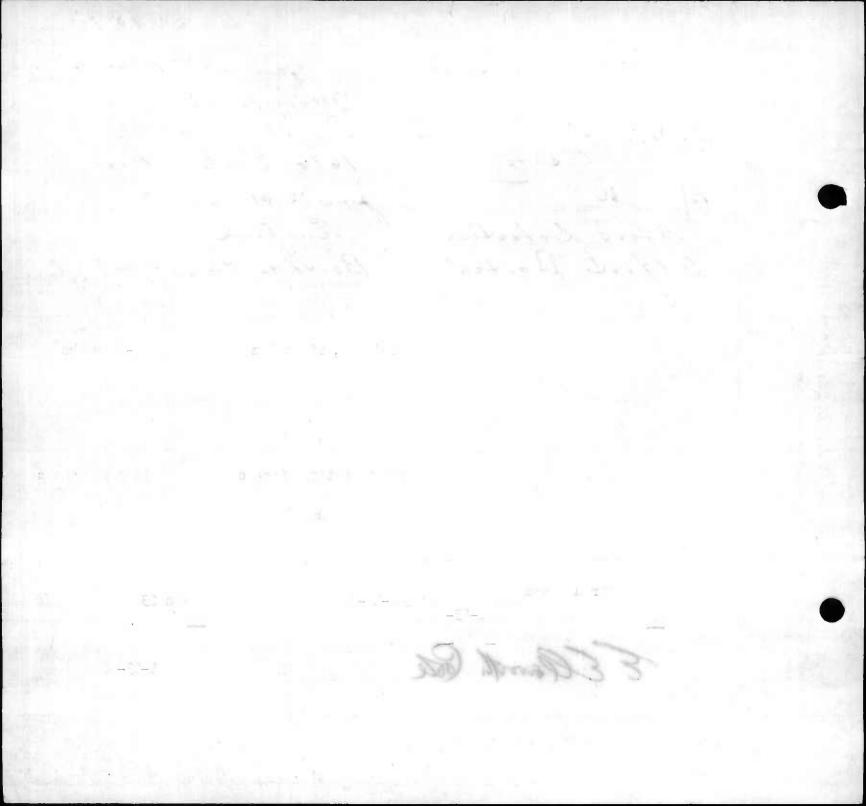
		BALTIMO	RE CITY HEALTH DEPARTA	CITY HEALTH DEPARTMENT				
BIRTH NO.	۷٥.	6 UUSSICERTI			.66 0u899			
1. NAME OF			2.	DATE AND HOUR OF DEA	TH			
(1)	LAKE JAME	2		1124 166	11:50 P.N			
3. PLACE OF	F DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDEN	ICE (Where deceased lived. I B. COUNTY	f institution; residence before odmission)			
FULL NA	DR oddress or locotio	or institution, give street	C. CITY OR TOWN	Of 467 PAS	ite RURAL ond give township)			
INSTITUTIO				ENA MD,				
UNIT	ERSMY HOS	PITAL	D. STREET ADDRES					
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED		9. AGE (In years	If Under 1 Yr. , If Under 24 His.			
M	(1)	WIDOWED, DIVORCED (spe	10/27/	98 lost birthdoy)	Months Doys Hours Min.			
IOA. USUAL	OCCUPATION (Give kind of wor	MARCIED.	DUSTRY 11. BIRTHPLACE (Sto	ite oi foieign country)	12. CITIZEN OF			
done during m	ost of working life, even if retired)	RETIRES.	VIRGINII		WHAT COUNTRY?			
13. FATHER'S	NAME	-	14. MOTHER'S MAI	DEN NAME				
JAME	ES LAKE		1404	RIDENOUR				
15. Was Dece (Yes, no or unk	eased Ever in U. S. Armed Fo (nown) (If yes, give wor or dot	rces? so of service) 16. SOCIAL SECURITY NO	17. INFORMANT	The second second	ADDRESS			
18.	5011		AUSE OF DEATH		INTERVAL BETWEEN			
9	ISEASE OR CONDITION DI			- 4-	ONSET AND DEATH			
	LEADING TO DEATH	KECILY	Antarction &	JCNS, E her	n. 7 1.			
	oes not meon the mode al		TD /	The state of the s	ma / Wargan			
	ilure, asthenio, etc. It meons r complication which coused		00 /	1	4			
	ANTECEDENT CAUSES		thrombosis a	1 caroled an	leves Unknown			
DISEASI		DUE	TO A I		** ** ** *** *** *** *** *** *** *** *			
rise lo	ES OR CONDITIONS, il the obove couse (A) LYING CONDITION last.		Atherosclar	sis, marke	d Unknown			
	11		*:					
O DTHER TO THE DISEASE	SIGNIFICANT CONDITIONS C	ONTRIBUTING						
DISEASE	DR CONDITION CAUSING	T. / V & **	LE .					
19A.DA1	WAS PER		N 20A. AUTORSY?	Yes or No. 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?			
W 214 45		noted Monte	ses 100	N. DID				
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF (notify medical examiner)	home, form, foctory,	RY (e.g., in or obout 21 C. WHER steet, office bldg., INJURY Of	CCUR?	note City, give exact location)			
Q 21 D. TIM		(Hour) 21E INJURY OCCUR	RED 21F. HOW	DID INJURY OCCUR?				
E (APPROX	/1//		lot While	Na				
22 1	-attuates (I) Table because			/V /)				
) attended the deceased fro	11 01 11	1710	19			
_		ed alive an JANUAR			opinian death accurred on the date			
		red above. (1)(We) (did) (did	nat) view the bady after	death.				
23A. SIGI	NATURE	11,			23B. DATE SIGNED			
	Temolog Kon	ney Shan M	D. Allending Med. Direc	lor Phys.	1-24-66			
23 C. PHY	SICIAN'S ME (Type)	11	23D. ADDRESS	1 11	-1.1			
7	MATUU KENNI	EV (TODI)	M.D. Umas	essety Noon	Tel			
24A. BURIAL	CREMATION, 248. DATE	24C. NAME OF CEMETER	Y OF CREMATORY	24D. LOCATION	(City, lown, or county) (State)			
14 4	AL (Specify)	11 0			1 1 /2			
	L-TRANSITION	1-66 KIVERUI		STRASBURG				
ZSA. DATE R	N 97 10CC A	25B. NAME OF REGISTRAR	25C. FUNERAL E		ADDRESS			
JA	N 27 1966 Of Ca	M. t. Mangaine) O PKED HO	COLE HOME	1913W BALTO, ST,			
VS 150-REV.	1/1/65		0 ,,	94	13ALTO, MID,			



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	66 00900	BALTIMORE CITY	HEALTH DEPARTMENT	66	111824
11	IRIH NO.	CERTIFICA	TE OF DEATH	Registered No	18/
	A.E. CASE NO.	7 /	2. DATE AND	HOUR OF DEATH	00
IL	Type or Print) trank	Porton	Jan	, 23 rd /	966= 4 - PM.
3	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	deceased Hved, If instit	lution: residence befare admission)
	FULL NAME OF (If not in hospital or institution address or location)	ı, give street	maryla	and '	5-0
	NOITUTITZMI	rsing (gre	12 11:	ide city limits, write RUI	RAL and give township)
化	Bolton		D. STREET ADDRESS (IF IN	nol, give tocotion)	<u>C</u> .
	Centar		1636 €	astarn	Ave.
12		D, NEVER MARRIED (ED, DIVORCED (specify)		AGE (In years	If Under 1 Yr. 1f Under 24 Hrs. Months Doys Hours, Min.
	DA. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	A. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF
0	lone during most of working life, even if retired)	Line	Engla	0	WHAT COUNTRY?
T	3. FATHERS NAME	4	14. MOTHER'S MALDEN NAM	E //	
	algred Bar	LON	Bortha	Busst	- 500
1	S. Was Deceased Ever in U. S. Armed Forces?) 6- SOCIAL SECURITY NO.	17. INFORMANT	7000	ADDRESS
1	,,,,,	214-10-9955	Hefel Sar	ne ao al	ione)
1	18. /6.3 X I	CAUSE OF	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
ı	DISEASE OR CONDITION DIRECTLY	cara:	inom, right lun	5-6 months	
H	(This does not mean the mode of dying, e.	g., DUE TO	more , 118110 1ul	<u> </u>	J-O morturs
	heart failure, astherio, etc. II means the diseas injury or complication which coused death.)				
	ANTECEDENT CAUSES	(B)	### ##################################		
	DISEASES OR CONDITIONS, if ony, givin	ı g			
	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(C)			
I	7				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	ng the corons	ary artery diseas	se .	several months
		WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION FOR		no	IN CERTIFYING CAUS	ES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medicot exomine)	1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of tc.)	or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimore C	City, give exoct tocotion)
Ш	21D. TIME (Month) (Doy) (Year) [Hour) 2	E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	(APPROX)	White At Not While	e		
	22. I certify that (I) (this hospital) attended		1566	to aJan (23 19 56
	that (1) (we) lost sow the deceased alive on	1-23-66			on death occurred on the date
	and hour and from the causes stated above.			-	
	23A. SIGNATURE	NO1		2:	3B, DATE SIGNED
H	2 Ellavor	My COLEN.D. Atte	nding Med.	hy s.	1-23-66
	23C-PHYSICIAN'S NAME (Type)		23D. ADDRESS		
1		M.D.			
12	AA. BURIAL CREMATION, 24B. DATE 24C.	NAME OF CEMETERY OF CRE	MATORY 24D, LO	CATION (City,	town, or county) (Stote)
1	Durial 1/06/66 C	salto. Mate	onal 3	alto.	Md.
1	JAN 27 1966 (100 1258, NAME	OF REGISTRAR	256 FUNERAL DIRECTOR	M. C.	ADDRESS 2
ÌF	'S 150-REV. 1/1/65	ART THE STATE OF T	10 6. Out	regigion	a sou place of

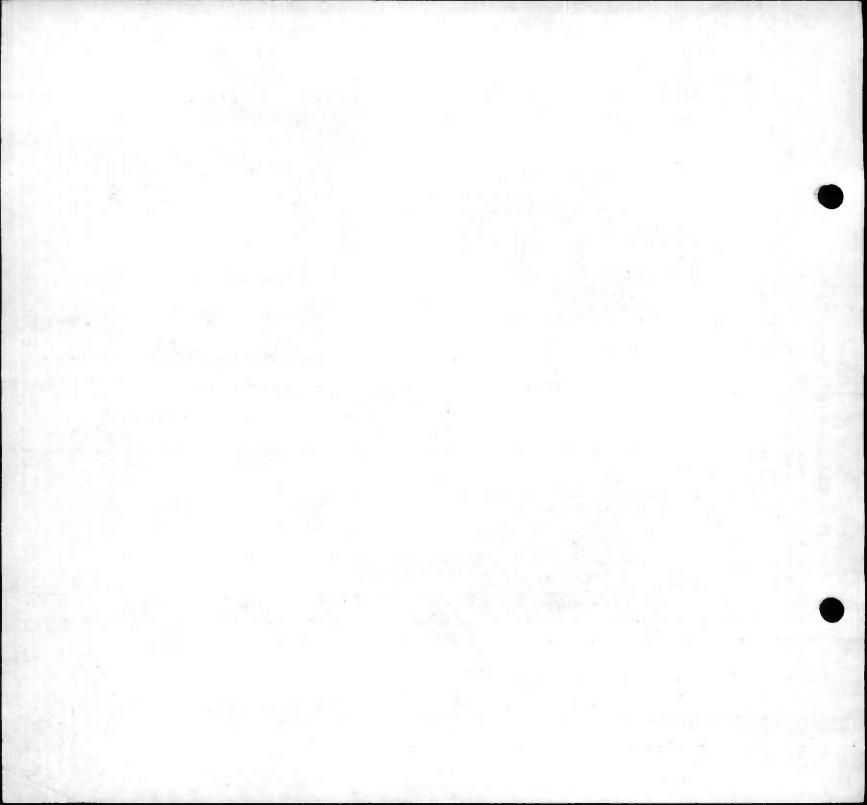


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166-924-6400 BALTIMORE CIT	TY HEALTH DEPARTMENT							
MALE CASE NO. 66 00901 CERTIFICA	ATE OF DEATH Registered No. 66 00901							
T. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH 1-24-66 6:00 P M							
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, give street	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY MARYLAND, BALTIMORE							
HOSPITAL OR oddiess of locotion)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)							
THE JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If rurol, give locotion) 9818 KERRIGAN COURT							
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) FEMALE WHITE NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 9. AGE (In years lost birthdoy) 11-9-65 9. AGE (In years lost lost birthdoy) 11-9-65							
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
RAY BROWN	14. MOTHER'S MAIDEN NAME LORRAINE HOLEWENSKE							
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Mr Pay C. Brown & Candally town OF DEATH OF DEATH							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	of DEATH INTERVAL BETWEEN ONSET AND DEATH							
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. 11 means the disease, injury or camplication which caused death.)								
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED Least desser	20A. AUTOPSY (Yes') 1 No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?							
21D. TIME (Month) (Doy) (Yeal) (Hour) 21E. INJURY OCCURRED While At Not Whi (APPROX.) Not Wh								
	22. I certify that (I) (this hospital) attended the deceased from 1-20 1966 to 1-24 1968, that (I) (we) lost saw the deceased alive on 1-24-6:04 1966 and that in (my) (get) opinion death occurred an the date							
ond hour and from the couses stated above. (1) (We) (did) (did not) 23A, SIGNATURE M.D. Ai Ph	ttending Med. Stoff Phys. 238. DATE SIGNED							
WALTER SMITHWICK 2ND M.D	D. THE JOHNS HOPKINS HOSPITAL							
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 137/66 Balto na 25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR	tional Batto, Md.							
JAN 27 1966 (20 5 & Fallentia) vs 150-rev. 1/1/65	Loring Beyers- Randallstown, Md.							

, T PIECE 1 3 1

	BALTIMORE CITY	Y HEALTH DEPARTMENT
	BIRTH N 05 20398 66 00902 CERTIFICA	TE OF DEATH Registered No.
	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	Type of Print Christina George	1/21/66 3 DM.
	3. PLACE OF DEATH IN BALTIMORY MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A, STATE B. COUNTY
	FULL NAME OF III not in hospital granstitution, give street	MD Balta.
	FULL NAME OF III not in hospital of institution, give street HOSPITAL OR INSTITUTION	C. CITY OR TOWN III outside city limits, write RURAL and give township)
	Balto, Ma	Isalis. 53-10
2		D. STREET ADDRESS / W rural, give location)
0	/	150 Alghlond New V
E	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Min.
2	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
0	done during most of working lite, evan if retired)	13.06- 11.5A
25	13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
000	G of Marie	Ose Or when
0	15. Was Deceased Ever in U. S. Armed Foices? 11 SOCIAL	17. INFORMANT ADDRESS
0	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	m. 8 dear dear dear
	CAUSE C	Mr. 2 manuel Flore Hem as IT of INTERVAL BETWEEN
0	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
9	LEADING TO DEATH	souration of Corribes 18 men
	(This does not meon the mode of dying, e.g., DUE to heart failure, osthenia, etc. It means the disease,	
	injury or complication which caused death,)	Come of march of Porch 2° to a
0	ANTECEDENT CAUSES (B) / COL	a grand of the state of the sta
9	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) sloting the	preced a sanoroly
S	UNDERLYING CONDITION Iosi.	
ם	II	
9	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
9	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
0	WAS PERFORMED.	IN CERTIFYING CAUSES OF DEATH?
Detore	OR CONTRIBUTING CAUSE OF Large Contraction Cause of Contribution Cause of Contribution Cause of Cause	in or about 21C! WHERE DID (If in Boltimare City, give exact location) office bldg., INJURY OCCUR?
	DEATH (notify medical examination) etc.)	
0	OF INJURY (Month) (Doy) (Year) (Hour) 2)E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
gine	(APPROX.) White AT Not Whi Mork Not Work	
0	22. I certify that (1) (this haspital) attended the deceased from	1/19 1966 10 /2/ 1966.
0	that (1) (we) lost saw the deceased alive on	1966 ond that in (my) (our) apinion death occurred on the date
	ond hour and from the couses stated above. (1) (We) (did not)	view the body ofter deoth.
must	23A. SIGNATURE	238, DATE SUSNED
	Phy	rending Med. Stoff Phys.
>	23C. PHYSICIAN S	23D. ADDRESS
approva	M.F. SCHWARTOZ M.D.	Mercy Hospita Salt
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	EMATORY 249. LOCATION (City, town, or county) (Stote)
птеп	Durial Van. 24 1964 Greek Certho	La Cemetery Baltimore, Md.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 1050 ADDRESS Rel
>	JAN 27 1966 POLL P & A P P	for forker owen Towny and
	VS 150-REV. 1/1765	



		_	66	Anga	BALTIMORE CITY	HEALTH DEPARTMENT	00002			
Н	BIRT	H NO. FORT	+ Meade, Mg. 6	()(1;3)	CERTIFICA	TE OF DEATH Registered No.	0 00303			
	1, N.	NAME OF DECEASED 2. DATE AND HOUR OF DEATH								
- 11		e or Print)	JACQUELIN	YLE SAN. 25, 196	6 8:50 A: M.					
	3. P	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where deceosed lived. If insti	itution: residence before admission)			
	F	ULL NAME O			give street	Md. ANNE ARUNI	767			
_,/		STITUTION	oddress or location	1)		C. CITY OR TOWN (If outside city limits, write RU	RAL and give township)			
31	,	1.1	00 -1 110	0.70		D. STREET ADDRESS (If rurol, give location)	3274			
	-	UMIVE	resity Hos	VIII		8011-C LESLIE RUA	n			
age.	5. s	EX	6. RACE		NEVER MARRIED		If Under 1 Yr., If Under 24 Hrs.			
E		F	WHITE		DIVORCED (specify)	12-22-65 lost birthdoy1	Months Doys Hours Min.			
2			JPATION (Give kind of work working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	gone	INFA			-	MARYLAND	USA			
OSITIO	13. [FATHER'S NAM				14. MOTHER'S MAIDEN NAME				
Sp		JOHN	H. DOYLE			MARIA BOWERS				
0	15. V (Yes	Was Deceased	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
			, , , , , , , , , , , , , , , , , , , ,			MOTHER	S/A			
010		1B. 75-	11/1		CAUSE O	DEATH	INTERVAL BETWEEN ONSET AND DEATH			
			E OR CONDITION DIE	ECTLY	04.77	T NEW MARKY NAVIS				
рашшеа			ot mean the made of	dying, e.g.,	DUE TO	E RESPIRATORY ARREST	15 min.			
0			osthenio, etc. It meons		0.0	000 -000 -000				
E			ANTECEDENT CAUSES		(B) HQU	ADUCTAL STEWOSIS.	SI MONTH			
0	DISEASES OR CONDITIONS, if any, giving					nol (12 mol/) (2/12/	3 days			
S			obave cause (A) G CONDITION last.	sloling the	(C) [[]CIY	MGOMYELOCOEC				
			II							
remains	ATION	TO THE D	FICANT CONDITIONS C	TED TO TH	AL DERORMITIES					
101	CAI	19 A. DATE OF	CONDITION CAUSING I		NDINGS CONSIDERED					
-	CERTIFIC	12/30 - 1	H- 170 WAS PER	FORMED ME	PRESSURE - LRA	IN CERTIFYING CAUS	SES OF DEATH?			
betore the		21 A. A CCIDEN	NT WAS UNDERLYING		City, give exact location)					
De	4		medical examiner)	etc.						
0	144	21 D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
Deulo	\$	(APPROX.)		Whi	ite At Not While	1-				
00		22. I certify	that (1) (this hospita	attended t	he deceased from	12/30 1965 to	1966.			
De			last sow the decease		1 25	19Cond that in(my) (ov) opini	on deoth accurred on the date			
S	1 1	0		ed above. (I) ((did) (did not) v	iew the body after death.				
2		23A. SIGNATU	IRE 1 D)	M.D. Atte	anding Med. Stoff	38. DATE SIGNED			
		WW	n L. Dutle	EU.	Phy	s. Director Phys.	1/23/66			
0		NAME (T	ype)	ER	M.D.	23D. ADDRESS	RAID. I MAD			
approval	24A	BURIAL CREA			AME of CEMETERY OF CRE	MATORY 24D, LOCATION (City,	town, or county) (Stote)			
		REMOVAL (S		/						
ritten	25A	DATE REC'D	BY HEALTH DE	258. NAME (versburg E U	B Shippenburg,	rennsylvania			
3		IAN 97	1000 A n n	7 4	0000	Dan M. Hindama & 8m	Bally mg. 11			
1	VS.	150-REV. 1/1/6	1300 U 1505	C. Val	to the second	yumy vicinia oran	o · que of or w			

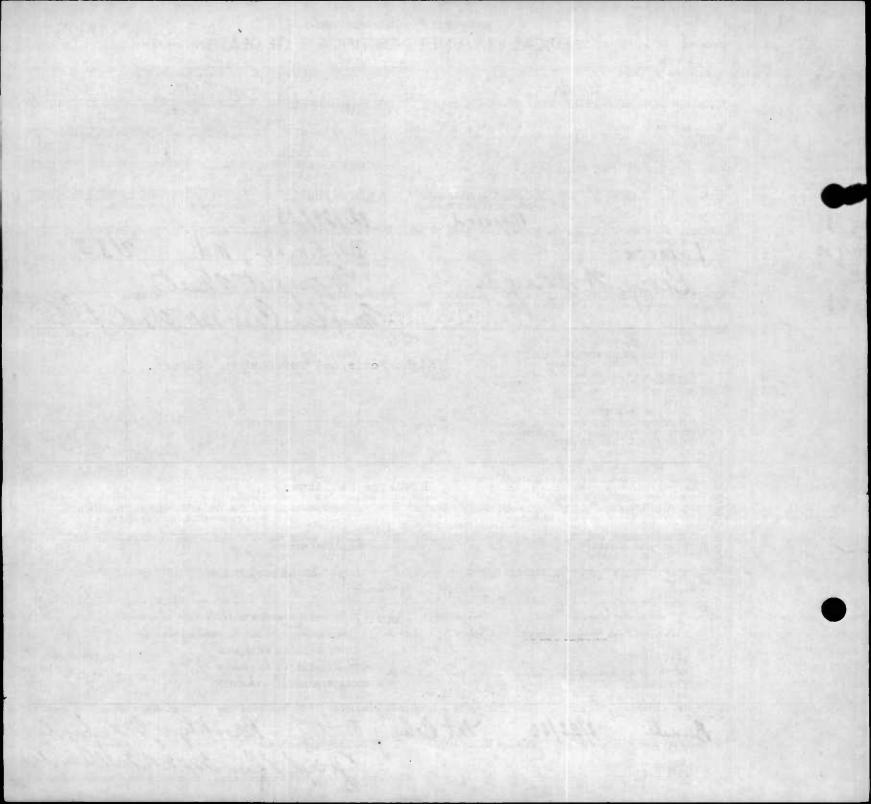


VS 150-REV. 1/1/65

				BALTIMORE CITT	HEALTH DEPARTMENT		00 00004
	TH NO.		66 0096	4 CERTIFICA	TE OF DEATH	Registered No.	66 00904
1.1	E. CASE NO. IAME OF DEC pe or Print)	EASED	uanita	GROSS	2. DATE AN	24.66	11.50 a. m
3.	PLACE OF DE	ATH IN BALTI	MORE MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN'	e deceosed lived. If i	institution: residence before admission)
	FULL NAME OF HOSPITAL OR		in hospital or instituti s or location)	on, give street	C. CITY OR TOWN (II outs	side city limits, write	RURAL and give town hip)
1	0 L	uther	an H	osjulal		urol, give location) Larke S	Ē.
5.	EX F	6. RACE	WIDO	IED, NEVER MARRIED WED, DIVORCED (specify) INGLE	B. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
		working life, eve	n if retired)	of Business or Industry . Family	11. BIRTHPLACE (State or foreign Baltimore Ma	gn country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NA		100	• Ecultary	14. MOTHER'S MAIDEN NAM		0.000
13.							
10			liam Gros		Mary Ducket	t	ADDRESS
(Ye	s, no or unknown	(If yes, give	wor or dotes of servi	SECURITY NO.	Ruth Neal-2	130 N. Pu	alaski St.
	1B. 33		TION DIRECTLY	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
ŀ	DISEA	LEADING TO		(A)	Q Subanach		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,				& Subarach	l	
	ANTECEDENT CAUSES (B)				ven-		
			ONS, if ony, given	DUE TO		**************************************	
	rise to th		use (A) sloling		***************************************		
ATION	TO THE D	EATH BUT	DITIONS CONTRIBU				
ERTIFICA		F OPERATION		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
AL CER	OR CONTRIBI	NT WAS UND	SE OF	21 B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.)	or about 21 C. WHERE DID	(If in Boltimo	re City, give exact location)
U	21 D. TIME	(Month) (Do		21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
MEDI	OF INJURY (APPROX)			While At Not While Work At Work			
	22. I certify	that (1) (this	hospital) attende	ed the deceased from	11. 22651	9to	1. 2. 4. 1966
			e deceased olive			nt in(my) (aur) op	inion death occurred on the date
	and hour on		uses stated above	. (1) (We) (did) (did not) v	iew the body ofter death.		
	F.	lelel	6	M.D. Atte	ending Med. S. Director	Stoff Phy s.	1. 24.66
	23C. PHYSICIA NAME (1	Type) Fao	Chil 1	Abbousy M.D.	23D. ADDRESS Lull	er an H	
24/	REMOVAL			NAME of CEMETERY OF CRE			City, town, or county) (State)
26	Burial	1 RY HEALTH	/28/66	rbutus Memor	ial Pk. Bal	timore Co	o. Md.
23/	JAN 2	7 1966	O PLIFT &				035 W. North Ave



VS 151-REV. 1/1/65

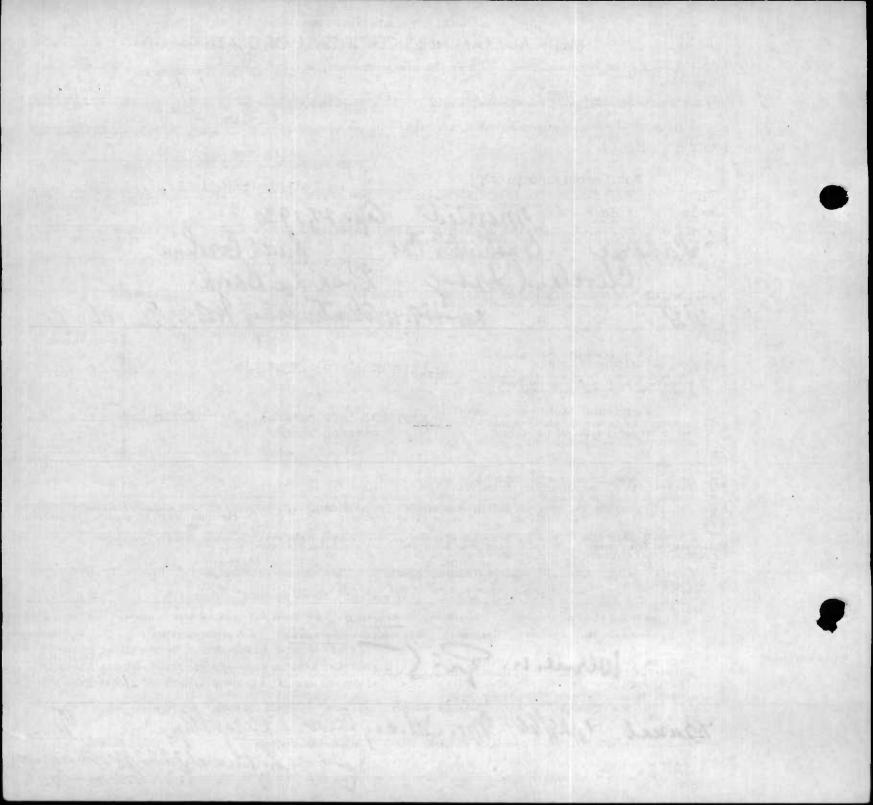


24G FUNERAL DIRECTOR

ADDRESS

24A. DATE REC'D BY HEALTH DEPT.

248, NAME OF REGISTRAR



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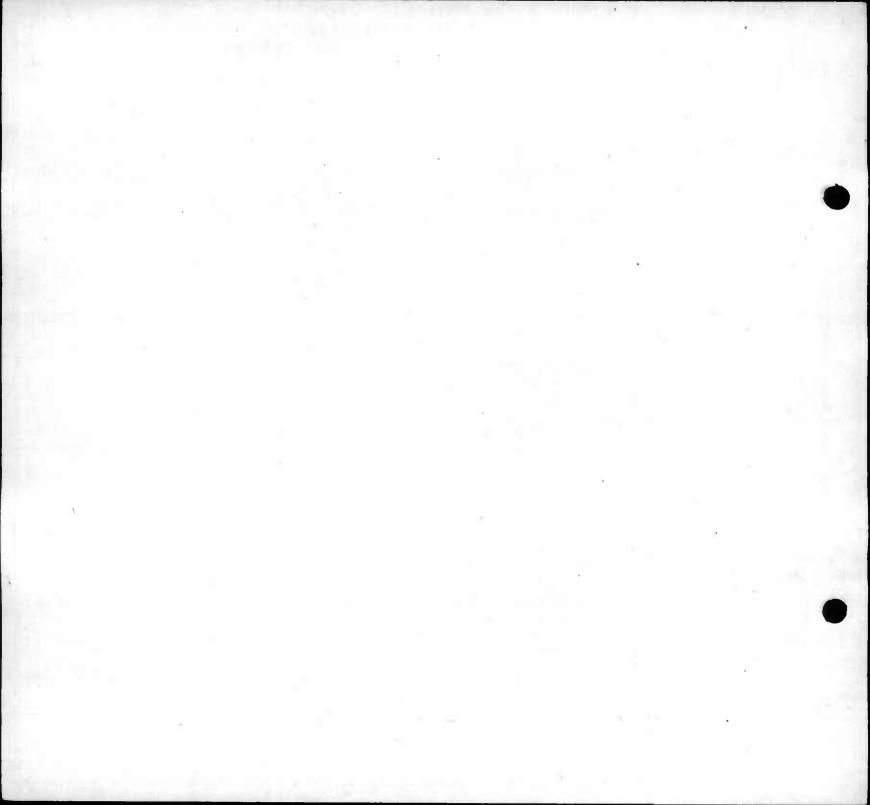
VS 150-REV. 1/1/65



. .

		Y HEALTH DEPARTMENT
	RTH NO. 66 00908 CERTIFICA	ATE OF DEATH Registered No. 15 11908
	.E. CASE NO. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
	ype or Print) ALFONZO LEE HUDGI	
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admiss
		A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress ar lacation)	C. CITY OR TOWN (If autside city limits, write RURAL and give township)
	INSTITUTION	BALTIMORE 16
1	trans.	D. STREET ADDRESS (If rurol, give lacotion)
4	FRANKLIN SQUARE HOSPITAL	715 ASHBURTON ST
5.	SEX 6. RACE 7. MARRIED, CEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24
	MISINGEE	12/29/23 12
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
d¢	PATTERN MAKER MFG. CO.	VIRGINIA U.S.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	NORMAN BILLUPS	SAPAH HUNGUNG
17		SARAH HUDGINS 17. INFORMANT ADDRESS MEDICAL RECORDS
(Y	. Wos Deceosed Ever in U. S. Armed Forces? es,na ar unknown) (If yes, give war ar dates of service) 1 6. SOCIAL SECURITY NO.	WED 10 4 (
1	10 ? 217-20-1872	, FECORDS
	18. 3 7 2 X I CAUSE O	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	Marie and a mark
	LEADING TO DEATH (This does not meen the made of dying, e.g., DUE TO	uremia = 2 weeks
	heart failure, asthenia, etc. It means the disease,	
	injury ar complication which coused death.)	rome Homekaloupheis 1 = year
	BUE 10	
	DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the (C)	
	UNDERLYING CONDITION last.	
	ll ll	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
		[20A ALIXODENSIVE AND
CEDTIEL	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FEB	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in ar about 21C. WHERE DID (If in Baltimore City, give exact lacation)
IV	OR CONTRIBUTION CALLES OF	office bldg., INJURY OCCUR?
1		
AACDI	OF INJURY	21F. HOW DID INJURY OCCUR?
4	(APPROX.) While AI Wark AI Wark	(
	22. I certify that (I) (this hospital) attended the deceased fram	1-20 19 66 10 1-25 19 6
	that (I) (we) last saw the deceased alive an	19 65 and that in(my) (our) opinion death accurred on the
	and hour and from the causes stated above. (1) (We) (did) (did not)	
	23A. SIGNATURE	23B. DATE SIGNED
	N. L. Bow M.D. At	thending Med. Staff 1-25-66
	23C. PHYSICIAN'S	23D. ADDRESS
	NAIME (Type)	tours Ca Harrier
L	JACINTO V- DE BORJA M.D.	
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CE	REMATORY 24D. LOCATION (City, town, or county) (Sto
1	Sund 1/29/66 mx andum	- Brito Mr
2	SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS
	JAN 27 1966 (20 1 2 mtg lynn -	Mangal & Logs 638 NGIC moz
7		0 0 0 0

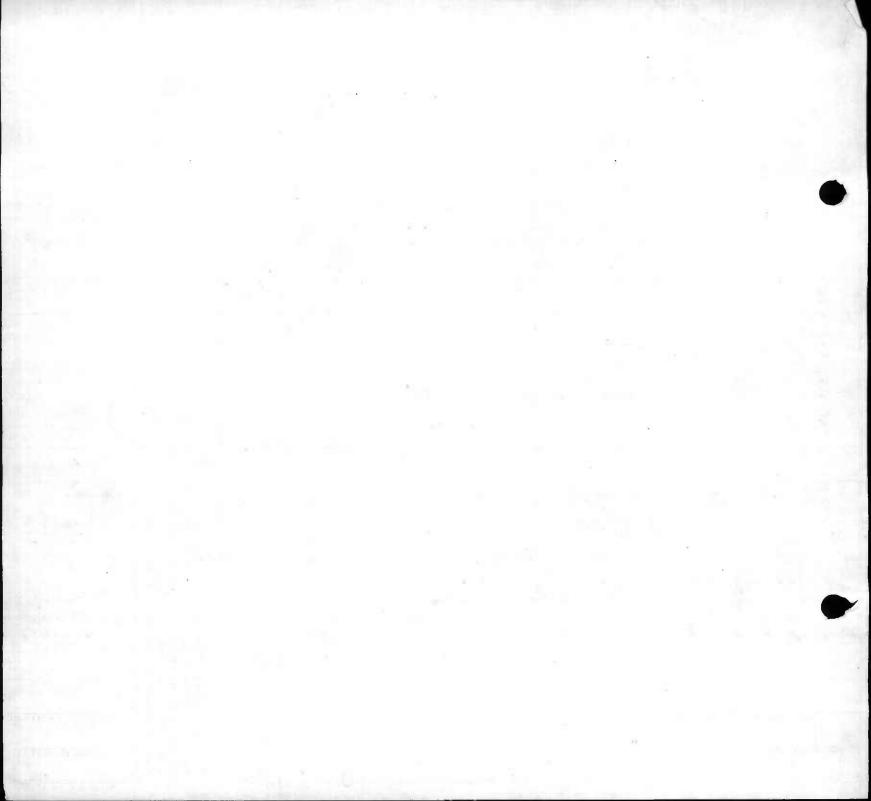
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VS 150-REV. 1/1/65

BALTIMORE	CITY	HEALTH	DEDADI	MAENI
DALIMUKE	CITY	HEALIH	DEPAKI	WELA

BIRTH NO. M.E. CASE NO. 66 00909 CERTIFICATE C	60 0000
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) Leo Jurgess	Jan 25 196612:58 Am
	AL RESIDENCE (Where deceased lived. If institution: lesidence before admission) B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION C. CIT	OR TOWN (If outside city limits, write RURAL and give township)
University Hospital D. STRI	SET ADDRESS (If rurol, give locotion)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE	OF BIRTH 9, AGE (In yeors If Under 1 Yr., If Under 24 Hrs., Months: Days : Hours : Min.
M C WIDOWED, DIVORCED (specify)	14/10 55
IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRT	HPLA CE/State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Pipe Litter Sewage Dept. IVI	aryland U.S. A.
13. FATHERS NAME	THER'S MAIDEN NAME
John Burgess 11	lary Stewart
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFO (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO.	RMANT
no unknown	nospital records
18. 4 2 0 / 1 CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	101
LEADING TO DEATH	ondry edema 18 hrs
(This does not meon the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	J
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION tost.	rdial infarction 8 days
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 20A. 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A.	AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 B. PLACE OF INJURY (e.g., in or about home, form, factory, street, office bldg. etc.)	121C. WHERE DID (If in Boltimore City, give exact location) INJURY OCCUR?
0 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Not While At Work	
22. I certify that (+) (this hospital) attended the deceased from	Tan 19/06 10 25 Jan 19 66.
AF T	6 ond that in (my) (our) opinion death occurred on the date
and hour and from the causes stated above. (#) (We) (did) (did not) view the	bady ofter deoth.
23A. IGNATURE	Med. Stoff 9 9 1911
(Sudan) : - Solara M. Phys. L	Director Phys. D QJ Jan 166
23C. PHYSICIAN'S NAME (Type)	DRESS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATOR	24D. LOCATION (City, lown, or county) (State)
1/28/68 my auti-	1 and me
JAN 27 1966 () 0 4 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	FUNERAL DIRECTOR ADDRESS Ver al error Mal Janger 638 N Cum 47 Sal

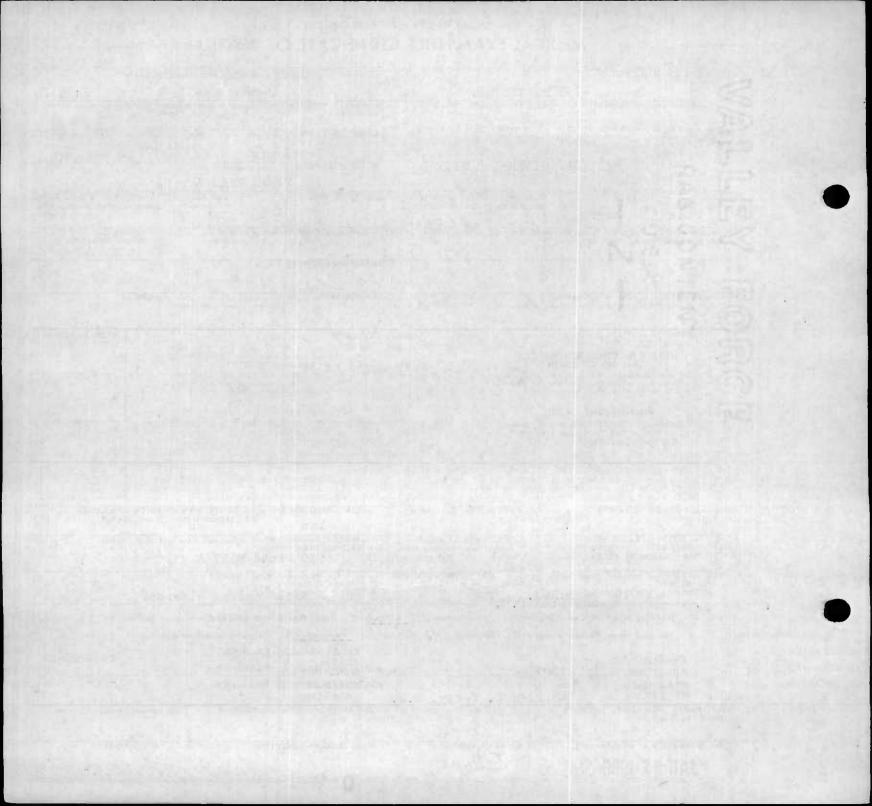


66 009	(10)	BALTIMORE CITY H	HEALTH DEPARTMENT		00 0
BIRTH NO.	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	Registered No.
M.E. CASE NO.					

BIRTH N	10.		MEDI	CAL EX	AMINER'S C	ERTIFICA	TE OF I	DEATH Register	red No
M.E. C	ASE NO.								
1. NAN	AE OF DEC	EASED					2. DATE AN	D HOUR PRONOUNCE	
rype a		Geo	rge W	. Evan	s Jr. III			1/25/66	10:32 a. M.
3. PLAC	E IN BALT	IMORE, MARY	LAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESID	ENCE (Where	deceased lived. If insti	itution: residence before admission)
F1111 A4							ryland	в. соо	
HOSPITA	AME OF	ADDRESS	OR LOCA	TION)	TION, GIVE STREET	C. CITY OR TO	NN (If outsid	e corporate limits, write	RURAL and give tawnship)
NSTITU	IION					Ra	1timore		16-07
11_						D. STREET ADD			
10		Luthera	n Hosp	ital		2	110 No.	mount Ave.	
5. SEX		6. RACE		-	NEVER MARRIED	8. DATE OF BIRT		9. AGE (In years	If Under 1 Yr, If Under 24 Hrs.
	male	color	ha		OIVORCED (specify)	NT 0	7 70	lasi birthday	Manths Days Hours Min.
IOA IIC					Married BUSINESS OR INDUSTR	Nov. 2		1	12. CITIZEN OF
		vorking life, ever		NIND OF	BOSINESS OK INDUSTR				WHAT COUNTRY?
		_				Baltim			U.S.A.
3. FATE	HER'S NAM					14. MOTHER'S M			
		_		vans Jr			Dilla	ard	
		O EVER IN U.		FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
-	Vo	, , , , , , , , , ,	. ar dane	o a, oo,,,,oo,		George	W Eve	ang In 31	10 Normount Ave
18.		100			CAILS	E OF DEATH	11 9 TIAC	2120 01 6)1.	INTERVAL BETWEEN
2	- 7	/7, OI			Chos	E OF DEATH			ONSET AND DEATH
	DISEAS	LEADING T			Guns	hot wound	of ches	st, involving	Q
(This does n	ot mean the asthenia, etc.			(A)				
ii	njury or cor	nplication which	th coused	de oth.)		heart and both lungs			
	Α.	NTECENDEN	T CALLE	c					
1		OR CONDITION			(B) DUE TO				
R	ISE TO TH	E ABOVE CAL	USE (A) ST		000 10				
	JIN DEKETTI	O CONDIN	DIA LASI.		(C)	************************			
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X 9				CONTRIBUTIN					
프		CONDITION		ATED TO THE	HE				
			19B. CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	208. IF YES, WERE FIN	
O	7		WAS PERI	FORMED		ye	es	IN CERTIFYING CAUS	SES OF DEATH?
₹ 21 A		CAUSE WA		21 B.	PLACE OF INJURY (e.g.,	in or obout 21C.	WHERE DID	(If in Boltimore City, giv	ve exoct location)
		OR CONTRIB		home,	form, foctory, street,	0		and Arro	11-07
7	TIAAE	(A4 3) (D			home		TOURTON O	int Ave.	6 0/
OF	TIME	(Month) (D	oy) (Yeor	23.10	E. INJURY OCCURRED				
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22.		ify that I he	ld an la	nauiry	Inspection Au	otopsy X on	d that on th	is basis, death in m	v aninian
					_				
	resul	ted fram: No	atural cal	uses A	ccident X Suicio			Undetermined manne	
	ACTUAL	1/1	00	-1	5/-	And the last of th	EDICAL EX		DATE SIGNED
	SIGNAT		cru	gn-	500 M.C	ASSISTANT M	EDICAL E	CAMINER 🖾	1 105 166
	EXAMIN	- \			1	ASSOCIATE N	EDICAL E	XAMINER	1/25/66
224 84	NAME (U. Spit					
REMOV	JRIAL CRE/)	B. DATE		C. NAME OF CEMETERY	of CREMATORY	23 D. L	OCATION (City,	town, or caunty) (State)
	rial		1/25/	/66 E	Balto. Natl	. Cem.	I	Baltimore,	Md.
24A. DA	ATE REC'D	BY HEALTH			OF REGISTRAR		AL DIRECTOR		ADDRESS
	JAN 2	7 1966	07.6	JE . JC	indica from	Ae	11	15/10/1	1.01
				9 1	600	Horse	A. fil	2 1010H.C	alfon of

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BIRTI	1 NO.	MEDI	CAL EX	CAMINER'S CI	ERTIFICA	TE OF D	EATH Registe	red No.	
	CASE NO.								
1. N	AME OF DE	CEASED				2. DATE AND	HOUR PRONOUNC	ED DEAD	
		PARI	SH SINK		The cheer of open		uary 19, 19		6:15 P _M
3. PL	ACE IN BAL	IMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE		eceosed lived. If insti	INTY	e Detore admission
HOS	NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	TION, GIVE STREET	C. CITY OR TO		corporate limits, write	RURAL ond gi	ve township)
11		MARYLAND	CENEDAT	ПОС ТТАТ		altimore			
×		PARTLAND	GENERAL	HOSTITAL	D. STREET ADD		Hill Avenu	10	
5. SE	X	6. RACE	7. AA ARRIED	NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years		r. If Under 24 Hr:
2, 3,	Male	Negro		DIVORCED (specify)	- /		lost birthdoy) 57		s Hours Min.
104				BUSINESS OR INDUSTRY	126 11	State or torsion		12. CITIZEN O	E
		working life, even if retired)	NIND OF	BOSINESS ON INDUSTRI	A COL	All locations	county?	WHAT CO	DUNTRY?
13 F	ATHER'S NAM	A F			14. MOTHER'S M	AAIDEN NAME	9.1	11.5	. 14 .
13.1	AITIEN S IVAN				4 /				
15. W	AS DECEASI	D EVER IN U.S. ARMED	FORCES?	16, SO CIAL	17. INFORMANT	Ct		ADDRESS	
(Yes,	no or unknown	Of yes, give wor or date	s of service)	SECURITY NO.	-				
	10				Luce S.	11 Klev	18/6 Love		Y
	B. 7	8211		CAUSE	OF DEATH				ERVAL BETWEEN SET AND DEATH
	DISEA	SE OR CONDITION DI							
	(This days	LEADING TO DEATH			wound of	leg	=000=···occoo==cobooccooccofcfbccoo	.,,	
	heort foilure	not meon the mode of , osthenio, etc. It meons mplication which caused	the diseose.	DUE TO					
	injury or co	implication which coosed	deom.,						
		ANTECENDENT CAUSE		(B)					
	RISE TO TH	OR CONDITIONS, IF A IE ABOVE CAUSE (A) ST	NY, GIVING	DUE TO					
_	UNDERLYI	NG CONDITION LAST.		IC)					
Ó-		tı		10/					
ERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT REI	LATED TO T						
RTI		R CONDITION CAUSING		WHICH OPERATION	20 A. AUTOPS	Y? (Yes or No) I2	OB. IF YES, WERE FI	NDINGS CONS	IDERED
8	21	WAS PER				es	N CERTIFYING CAU	SES OF DEATH	?
		L CAUSE WAS	218.	PLACE OF INJURY (e.g.,	in or obout 21C.	WHERE DID			
MEDIC	JING CAL	SOR CONTRIB- USE OF DEATH.	home etc.)	House	office bldg., INJUR	10 Druid	Hill Avenu	ie	
	DE INJURY	(Month) (Doy) (Year	etween 2	1E. INJURY OCCURRED	21 F. H	OW DID INJUI	RY OCCUR?		
	(APPROX.)	1 19 66 5:3	OD V	VHILE AT NOT	WHILE X S	tabbed d	uring alter	cation	
	22. 1 cer	tify that I held an			topsy 🕱 on	d that an this	bosis, deoth in n	ny opinion	
		Ited from: Natural co		scident Suicid			ndetermined monn		
	1930	100 1101111 1101101 601	, , , , , , , , , , , , , , , , , , ,	301619		EDICAL EXA			
	ACTUA	L ()/	1. 1	100				D.	ATE SIGNED
	SIGNAT	URE	allo o	M.D				1 /	20-66
	EXAMIN NAME (arles S	. Petty, M.D.	ASSOCIATE !	MEDICAL EX	AMINER	Τ 4	20-00
	BURIAL CRE	MATION, 238 DATE		C. NAME of CEMETERY	CREMATORY	23 D. LO	CATION (City,	, town, or count	y) (Stote)
KEN	QVAL (Special	1-31-	16	had del.	· P	Be	14	0 4-	1
24A	DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNEI	RAL DIRECTOR	1 1830 6 0 4	ADDE	RESS
	141 9		\$ 2.3	2 Devent	d	4	4. 121	WEL	/ 9
Ve	151-REV. 1/1.	- 1000 000000	74	4 6 0 -	after	7-1-7-9	1-10	1. Car	and de
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VS 150-REV. 1/1/65

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BALTIMORE CITY HEALTH DEPARTMENT Registered No BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED u (Type or Print) -66 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission B. COUNTY A. STATE Mayland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write RURAL give township) D. STREET give location) 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 5. SEX If Under 24 Hrs. Hours Min, 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months Doys Houis lost birthdoy MARRIE IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, every fretired METROPOLITAN
13. FATHERS NAME 115 ENNA 4. MOTHER'S MAIDEN NAME me Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMAN 8216 (Yes/no or unknown)(It yes, give wor or dotes of service) SECURITY NO. HARRIS AVE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, heart foilure, osthenio, etc. Il meons the diseose, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, to the obove couse (A) stoting the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE he umo m DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No! 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, toctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) At Work Work 22. I certify that (I) (this haspital) attended the deceased 19.66 that (1) (we) lost saw the deceased alive an and that in (my) (our) opinion death occurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 238. DATE SIGNED Attending Phys. M.O. Med. Stoff Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type BURIAL CREMATION. CEMETERY OF CREMATORY REMOVAL (Specify 2 6 25A. DATE HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

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1	BIRT	00 10013	TE OF DEATH Registered No. 15 01913
Such	1. N	E CASE NO. NAME OF DECEASED Pe or Print Francis Edward (ochran	2. DATE AND HOUR OF DEATH
eath.	3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. Baltimore
to de	1	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township) Battimore #4
rior	3	7 Mercy Hospital	D. STREET ADDRESS (If rural, give Jocotion) 235 Burke Ave.
0	5. 9	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DINORCHO (specify)	8 OAU OF BIRTH 1893 9. AGE (In years If Under 1 Yr. Il Under 24 Hrs. Months: Doys Hours Min.
eceds on is	don	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	
the d		rain Dispatcher P.R.R. FATHERS NAME William J. Cochran	14. MOTHER'S MAIDEN NAME
on I dis	15.	Was Deceased Ever in U. S. Armed Forces? ss, no or unknown! (III yes, give wor or dates of service) 1 6. SOCIAL SECURITY NO.	Mary J. Bradley 17. INFORMANT ADDRESS
fina		yes WW1 717-07-7907	Mrs. Sarah A. Cochran (Same) DE DEATH INTERVAL BETWEEN
attendance med or fina		4-2011	140 cardial INFARCTION 84 Was
_		heart lailure, osthenia, etc. It meons the disease,	
gular emba		ANTECEDENT CAUSES (B) (DUE TO	Coronary THROMbosis
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cia he	RTIFICA	19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
No physi before t	AL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF home, form, foctory, street, or etc.)	in or about 21 C. WHERE DID (If in Boltimore City, give exact location)
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death); must be		ond hour and fram the couses stoted above. (1) (We) (did) (did not)	
o de		23A. SIGNATURE JS abelita Cordoba M.D. AH Ph	lending Med. Stoff Phys. X // 76/66
prova		Is abelita Condron M.D. AH Physician's NAME (Type) ISABELITA CORDOBA M.D.	23D. ADDRESS
deceased prior to written approval	24/	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR Burial 1/29/66. St. John's Ce	meteru Long Green Md. (Stote)
deced		A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Mercy Hospital Balto 2, Mol. EMATORY Detery Long Green , Md. 25C. FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. Md. 21214

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shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (excent where the absolute of the content of of the con

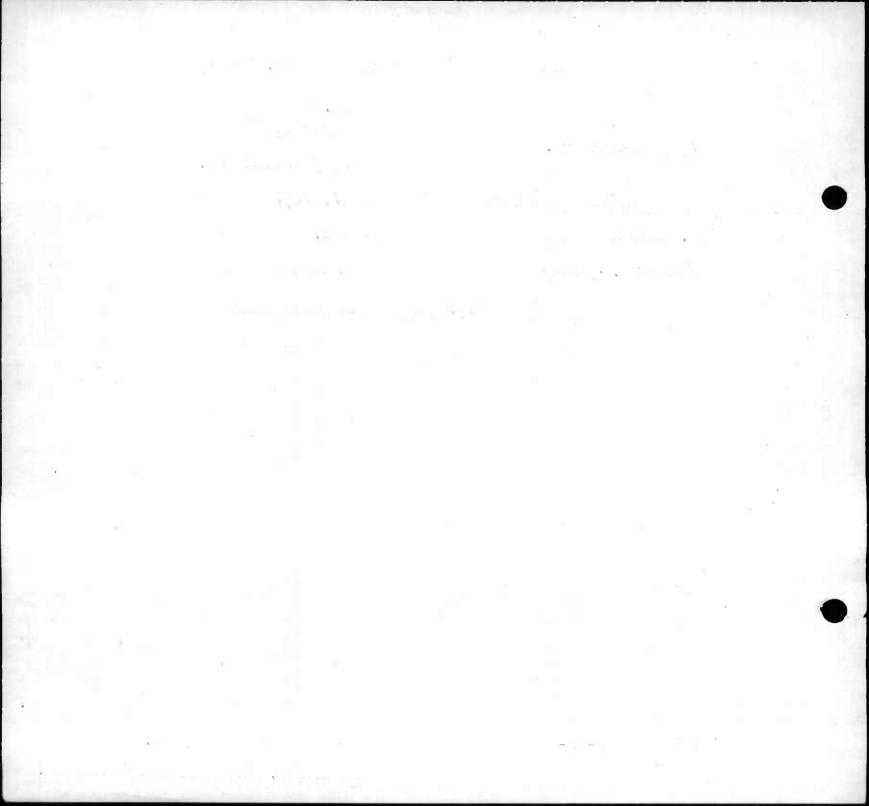
a hospital and

x 1	BALTIMORE CITY HEALTH DEPARTMENT		
p e f	BIRTH NO. M.E. CASE NO. CERTIFICA	ATE OF DEATH Registered No.	6 00914
(5) Deceased ance on the death. Such	1. NAME OF DECEASED (Type or Print) Charles William Cook	ney Jan. 26, 1966	2:30 p. M.
a th	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COUNTY	ution: residence before/admission)
cause; (5) D attendance ior to deat	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RUR	(AL ond give township)
attend ior to	INSTITUTION	Baltimore D. STREET ADDRESS (If rural, give focation)	
	0 1427 Walker Ave.	1427 Walker Ave.	
0 0 0	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years	f Under 1 Yr. If Under 24 Hrs. North's Doys Hours Min.
regul regul sased is ma	male white widowed 10A, USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	VIII. SURTHPLACE (State or foreign country)	12. CITIZEN OF
ere ece	done during most of working life, even if retired)	n	WHAT COUNTRY?
was i was i the de ispositie	Ret. Barber	Penna.	USFI
was was the posit	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	William P. Cooney	Alice Harrison	
0 # 0	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
3 6 5 E	219125843	Mrs Edith Nott	same
nced endar d or f	1 7 × 01/1	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)	te Coronery Occhesion	pstonlonens
fracture of any o pronounced gular attenda embalmed or	(This does not mean the mode of dying, e.g., DUE 19 hearf follower, ostherio, etc. If means the discose, injury or complication which coused death.)	and and a	1/)
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Wh we are	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) storing the	less (gertereorderates	/
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burns; (; hysician n was i remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
ho. dy	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUSI	DINGS CONSIDERED ES OF DEATH?
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cept who did (6) Not tained by	OF INJURY (APPROX.) While At Not Wh Work At Work		61 11
> × E to	22. I certify that (I) (this hospital) attended the deceased from	195 T10 1874	wy 26 1966
, o	that (I) (we) last saw the deceased alive an hundry 2	0 19 and that in (my) (ap) apinio	in death accurred on the date
	and hour and from the causes stated above. (1) (ME) (dld) (did not)	view the bady after death.	V
BODE	23A. SION ATURE M.D. AI	tending Med. Stoff	B. DATE SIGNED
U n + 0	23C.PHYSICIAN'S	23D. ADDRESS	1 1 1 1966
An price	MELVIN F. POLEK M.D	3603 Delaw Cd. Bal	No. The 21213
E 0 0 0	24A. BURIAL CREMATION, REMOVAL (Specify)	0 1 11	town, or county) (Stote)
hows: (1) as D.O. eceased rritten a		netery Baltimore, Mo	ADDRESS
shows: (1) was D.O./ deceased written ap	JAN 2.7 1966 P. O. 18- 9 36 Day Mail	Legonard Is Ruck Inc Bo	Iltimore, Md.

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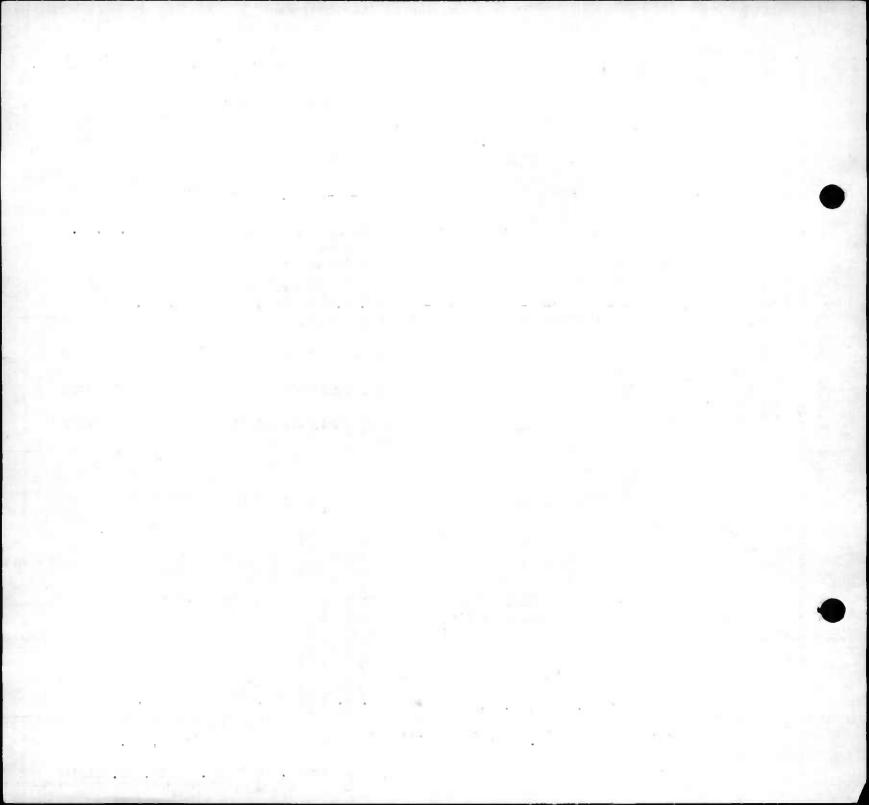


pital and of death Such Deceased HO hospital eath. ance cause; (5) CGUSE 7 attend 0 0 .= prior contributing occurred etermined regular deceased death 'n (4) Und Was direct assistant death 0 attendance any pronounced or his Also, embalmed fracture the chief medical examiner regular examiner. ho 3 physician before the remains medical No physician the 0 by (2) where to the hospital nature; 9 approved (except and any 99 of hospital death) accident prior to 0 to the body was An deceased D.0. shows:

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BALTIMORE CITY HEALTH DEPARTMENT Registered N& 10915 66 00915 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) WAGNER, George Henry January 26, 1966 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND A. STATE Maryland Baltimore FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location C. CITY OR TOWN (If outside city limits, write RURAL and give township) NSSITUTION Veterans Administration Hospital Baltimore 3900 Loch Raven Blvd. D. STREET ADDRESS (If rurol, give tocotion) 2911 White Avenue Baltimore, Maryland 21218 mad 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 24 Hrs. 9. AGE (In years 5. SEX If Under 1 Yr. If Und Months! Doys Hours WIDOWED, DIVORCED (specify) lost bighdoy) Caucasian Male 4-20-27 98. Married 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? or final disposition done during most of working life, even if retired) Baltimore, Maryland U. S. A. Steel Mills Engineer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Wagner Effie Taylor 17. INFORMANT Records 15, Was Deceased Ever in U. S. Armed Forces 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 219-01-1619 V. A. Hospital, Baltimore, Md. 21218 5-3-18 to 7-12-19 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulmonary Edema 24 hours (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) Cor Pulmonale 2 years ANTECEDENT CAUSES DUE TO Gre DISEASES OR CONDITIONS, if ony, giving Pulmonary Emphysema 10 years rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) atc. obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work January January 22. I certify that (1) (this hospital) attended the deceased fram that M (we) lost saw the deceased alive on January 26 and that in (my) (our) apinion death occurred an the date and hour and from the causes stated above. ()) (We) (did) (did) (out that) view the bady ofter death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Director M.D. Stoff 1/27/66 written approval 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. V. A. Hospital, Baltimore, Md. 21218 JOHN S. HOWE, M. D. 24A, BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Baltimore National Cemetery Burial Baltimore. Md.

25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck Inc. Balto. Md. 21214 VS 150-REV. 1/1/65



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	Je	20	0	0	L
	F	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	3	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	3

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	00 00040		BALTIMORE CITY	HEALTH DEPARTMENT		66 00916
BIRTH NO.	66 00916		CERTIFICA	TE OF DEATH	Registered Na.	00 00010
M.E. CASE NO.	CEASED			2. DATE A	AND HOUR OF DEATH	
(T D ' 1)		c Cana	HAM SR.	JAN	UARY 25, 196	6 1 4 30 AM
3. PLACE OF DE	DAVID SOUR	LAND		4. USUAL RESIDENCE (WI	here deceased lived. If it	stitution: residence before admission
Uni	OF All not in hospital or oddress or lacotion)	Harlow	1 Hospital	Md B. COL	INIY	
HOSPITAL OR	OF (If not it hospital or oddress or lacation)	institution, gi	ve street		auteida city limite unita	RURAL and give township)
INSTITUTION			. (h 1	buiside city lillins, whie	KOKAB-ONG GIVE IOWIISIIIP/
207				D. STREET ADDRESS	ff rurol, give location)	0770
00				314 Sever		
5. SEX	6. RACE 7	AA A PRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs
MALE	WHITE	WIDOWED,	DIVORCED (specify)	12-5-98	tost birthday)	Months Doys Hours Min.
			RIED		60	
	f working life, even if retired)			11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
INSURONC	e Avert	1/0	t.	Penno.		USA
3. FATHERS NA				14. MOTHER'S MAIDEN N		
MERCHE	Eraham			Fon	NCES S	MIERC
5. Wos Decease	d Ever in U. S. Armed Force	s?	6. SOCIAL	17. INFORMANT	CES	ADDRESS
Yes, no or unknow	(If yes, give wor or dotes	of service)	SECURITY NO.		bros	
Yes	MMI			` · · · · · · · · · · · · · · · · · · ·	2040	
18.33	2.XI		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	ASE OF CONDITION DIRE	CTLY	and the same	, , ,	11 11 0 1	
/This does	LEADING TO DEATH	مالات منابا	(A) / Kre	1 to escoding	High K Court	15-28 -0 1-52
	nat mean the mode of a , osthenio, etc. 11 means t		DUE TO		Arteny	28 Days
injury or co	mplication which coused o	death.)	Care	brol Arterio	50 200010	
	ANTECEDENT CAUSES		DUE TO			
	OR CONDITIONS, if a		- 1	D		
	he obove couse (A) : IG CONDITION lost.	slating ine	(c) Lor	lar Presmon	1.64	
	11					
OTHER SIGN	NIFICANT CONDITIONS CO	NTRIBUTING				
	DEATH BUT NOT RELATE CONDITION CAUSING IT.					
U 19A. DATE O	F OPERATION 198. COND	TION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WERE	FINDINGS CONSIDERED
E 0	WAS PERFO	RMED		No	IN CERTIFYING CA	LUSES OF DEATH?
U 21 A. ACCID	ENT WAS UNDERLYING DEBUTING CAUSE OF	218.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimor	e City, give exact location)
DEATH (notif	fy medical examiner	etc.)	, lorm, toctory, street, o	ffice bldg., INJURY OCCUR?		
D 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 F	INJURY OCCURRED	21F. HOW DID II	NILLBY OCCUP?	.,
S OF INJURY	7.	While			TORT OCCUR.	
(APPROX.)		Work				
22. I certif	y that 👑 (this haspital)	ottended the	e deceased from 13	2/28	19 65 to 1/	75 1966
that the (we) lost saw the deceased	alive an \	725 NO	19 66 ond	that in (my) (our) api	inion death accurred on the da
				view the body ofter death		
23A SIGNAT			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			23B. DATE SIGNED
20	Donales 111	41	M.D. Atte	ending Med.	Stoff	1-25-66
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23C PHYSICI	(Type)	11		23D. ADDRESS	11 - 1	
NOW	William lide	H-, 1130	M.D.	University	Hospita 1	
24A. BURIAL CR	EMATION, 24B. DATE	24C. NA	ME of CEMETERY OF CRI	EMATORY 24D	LOCATION (C	ily, lown, or county) (Stote)
Ripini	1-27-61	6 H	LLCREST	1	TUNAPOL	is MD.
25A. DATE REC'I	D BY HEALTH DEPT.	SB. NAME OI	REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
	JAN 27 1966 (3000	Q Fre Down M. D.	THIM IN	Who I Salle	HILLAMATIC MD
VS 150-REV. 1/1			The Branch was	UPOLIN CIT IN	Price CON?	HUNDHOND J. H.
3 130-KE V. 1/1	/ 0.3				*	-

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FRANCES CLEVE

SICZE 1-29-66 HILLEREST HILLERPOKES LOHN M RYLON WOODS HARRYCHIS ME

FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH r if death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased on the M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH BATIMORE MARYLAND 1966 anuary eath. 4. USUAL RESIDENCE (Where deceased lived. ance COUNTY (If not in hospital or institution, give street CITY OF TOWN FULL NAME OF D HOSPITAL OR oddress or location) (If outside city limits, write RURAL attend INSTITUTION 0 Baltimore D. STREET ADDRESS prior (If rurol, give location) Bolton Hill narsing Home Pulasii made. regular MARRIED, NEVER MARRIED
WIDOWED, DIVORCED (specify) 5. SEX 6. RACE 9. AGE (In years 8. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. deceased Hours lost birthdoy 8/15 W Widowed 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? 2 done during most of working life, even if retired) LY Eland HOUSEWICE 13. FATHERS NAME Was the Thomas mc Lucif atherine Dona death uo kind; 17. INFORMANT 6. SOCIAL or final (Yes, no or unknown) (III yes, give wor or dates of service) SECURITY NO. ennessu attendance ames HETTER 513 N. Pulaski St. any pronounced CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY of embalmed LEADING TO DEATH generalized arteriosclerosis several vrs. (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, the chief medical examiner regular injury ar camplication which coused death.) ANTECEDENT CAUSES ho GIE 4 DISEASES OR CONDITIONS, if any, giving 3 <u>e</u> rise to the above cause (A) stating the physician UNDERLYING CONDITION Inst. the remains Was burns; OTHER SIGNIFICANT CONDITIONS CONTRIBUTING degenerative changes in bones several years physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED CERTIFIC 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 8 before to the hospital by 2 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exact location) where ° DEATH (natify medical examiner) etc. any nature; MEDIC obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved OF INJURY (except Not While While At (APPROX.) At Work and Work 22. I certify that (I) (this haspital) attended the deceased fram that (1) (we) last saw the deceased alive an and that in(my) (aur) apinian death accurred an the date of hospital death) and hour and from the causes stated above. (1) (We) (dld) (did not) view the bady after death. shows: (1) An accident must 23A. SLONATURE 23B. DATE SIGNED M.D. Attending Phys. Med. Director -25-66 10 approval 0 prior 23C. PHYSICIAN'S 23D, ADDRESS at NAME (Type) Ellsworth Maryland Ave. Balto. Md. D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased 24D. LOCATION REMOVAL (Specily) decease Loudon Park Was 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65

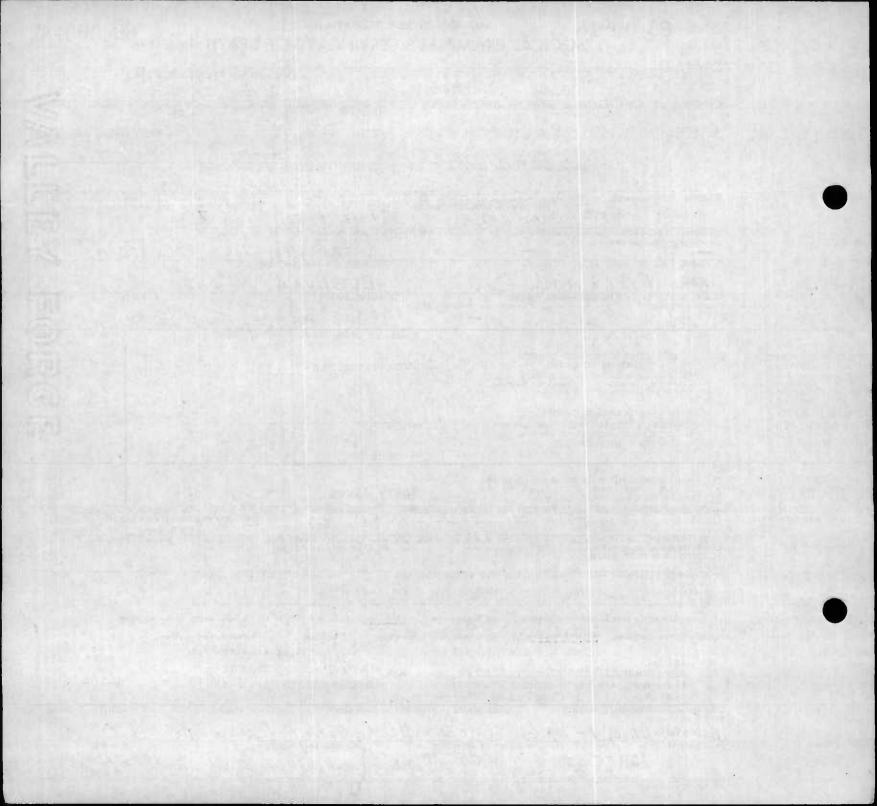


VS 151-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT					
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	HELE		ACKSON			ary 19, 19		8:10	
3. PLACE IN BALTIM	ORE MARYLAND, W	HERE PRONOL	UNCED DEAD	A. STATE		eceosed lived. If inst B. COL	itution: reside JNTY	nce before or	dmi s sion
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HOSPITAL OR	ADDRESS OR LOCA	(NON)		C. CITI OK 10	AALA (11 Onizide	corporote limits, write	KUKAL OND	give townsh	lib)
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s cew L	24.65	7 ** ***	NIEWED ANABOUED			sylvania Av		1 V 1/ 1/ 1	04.11
5. SEX 6. Female	RACE		DIVORCED(specify)	8. DATE OF BIRT		9. AGE (In years last birthday)	Months D	Yr. If Under Poys Hours	Min.
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tOA. USUAL OCCUPA done during most of work		TOR KIND OF	F BUSINESS OR INDUSTR		1.1	country)	12. CITIZEN WHAT	COUNTRY?	
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JAMES /(obert Ric	hard sc	N	EVEL	YNA	6066			100
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111			_	DAVID .	HARVE	V 251	7- Ha	lline	5.4
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injury or compli	icotion which coused	de oth.)					250		
ANT	TECENDENT CAUSE	S					11.00		
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ZIA. EXTERNAL C	CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,			in Boltimore City, or	ve exoct loc	otion)	
UNDERLYING O	R CONTRIB-	home etc.)	, farm, foctory, street,	office bldg., INJUR	Y OCCUR?	oililiore oily; gi	VC CX0C1 10C1	Oli Oli	
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NAME (Tyl			. Petty, M.D.		23D. LO	CATION (City	, town, or cou	unty) (Stote)
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REMOVAI-BU	1RA 1-29	-66	GREENVIlle	cemete	ery 61	REENVIlle	, 5,	C.	
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JI	HIY 27 1966	(Book	E. Stanbartha	Marsi	hell Wi.	Tones, JR,	1105	TUF.	U
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VS 150-REV. 1/1/65

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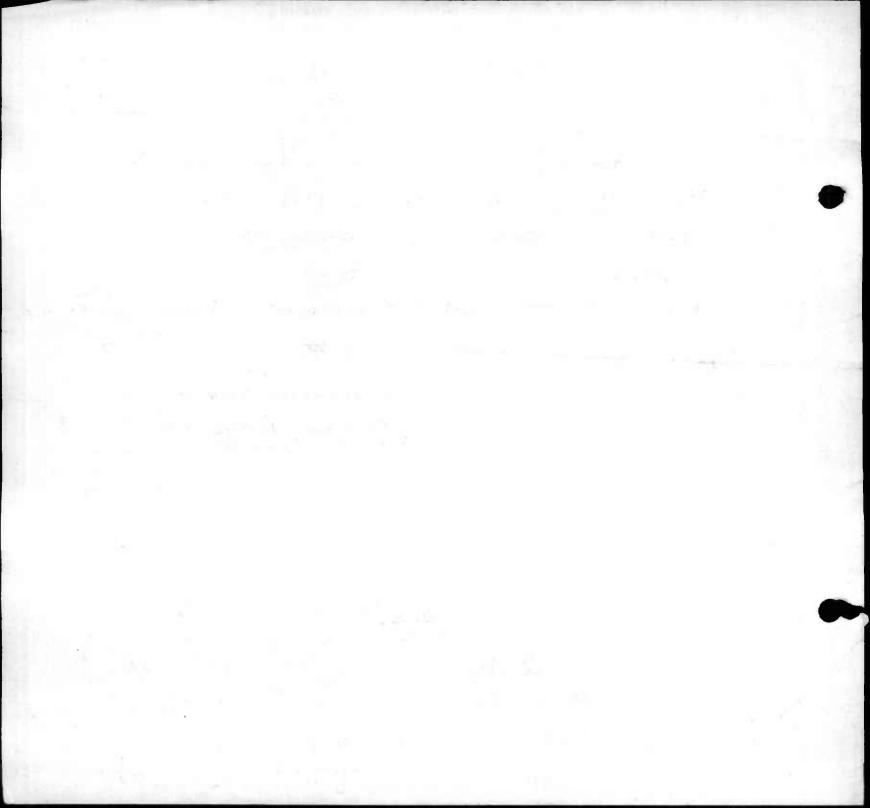
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BALTIMORE CITY HEALTH DEPARTMENT	
CERTIFICATE OF DEATH	Registered Na
2. DATE A	NO HOUR OF DEAT

66 00919 BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. If institution residence A. STATE B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND (If not in hospitof or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION EVINOTEE -D. STREET ADDRESS (If rurol, HERREW- HOME - AND - INFID (If rural, give location) GREEN SPRING BRLU & 9. AGE (fn years 6. RACE MARRIED, NEVER MARRIED 5. SEX B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Hours Min. WIDOWED, DIVORCED (specify) lost birthdoy) Months Doys DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) BALIO COOK 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME OHN 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) 2502 SECURITY NO. -07-0275A MOFFMAN 1B. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hearf failure, asthenio, etc. It meons the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR? Ü 21A. ACCIDENT WAS UNDERLYING (If in Boftimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While ! (APPROX.) At Work Work 22. I certify that (1) (this haspital) attended the deceased fram. that (I) (we) last saw the deceased alive an... and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Director Stoff Phys. 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) MIHORG 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. ADDRESS Lour & Son, I We



VS 150-REV. 1/1/65

			HEALTH DEPARTMENT
		RTH NO. GG 101920 CERTIFICAT	TE OF DEATH Registered No. 66 00920
	1, N	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	{Тур	ype or Print) Weldon thoyd Thumma	January 26-66 10 F3 AM.
	3. P		4. USUAL RESIDENCE (Where deceased Wved. If institution: residence before admission) A. STATE, B. COUNTY
		FULL NAME OF (If not in hospital or institution, given street	Many Land 26-13
		HOSPITAL OR oddiess or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
1	41		D. STREET ADDRESS If tural, give location)
.7	7		3603 Brehms Lane
ade	5. §		B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
E	1	Male White Whowed, DIVORCED (specify)	4/7/93 lost birthdgy Months Doys Hours Min.
1 15	IOA	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY)	1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
0	don	Dus Prives TRAWSIT System	Pennsylvania USA
Sil	13.	13/04	4. MOTHER'S MAIDEN NAME
disposition		Galkin Leonard Thumma	Flora Alberta GilBent
	15. 1		7. INFORMANT ADDRESS
final			Bessie Thumma, wife, above
or f		18.4 2 0 1 CAUSE OF	
0		DISEASE OR CONDITION DIRECTLY	
T e		LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	ocandial Intanction
pa		heart failure, asthenio, etc. It means the disease,	
embalm		ANTECEDENT CAUSES (8)	romany vilew ; alerogs, sewere
are		DISEASES OR CONDITIONS, if any, giving	conory vitero salerosis, servere
S		ise to the above cause (A) stating the (C) UNDERLYING CONDITION last.	emany of celling iff the outling
ained before the remains		11 101	
E E	NO.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	\mathcal{N}
0	CAT	DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
th	TIF	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
or	CEI	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, larm, foctory, street, affice	or about 2/C. WHERE DID (II in Ballig ore City, give exact location)
bei	CAL		or sidy, involve occor.
pe	LLU .	F OF INJURY	21F. HOW DID INJURY OCCUR?
u u	S	(APPROX.) While At Work Not While	
opt		22. I certify that (this haspital) attended the deceased from	1/3/3/1966,0 //26 19/66.
pe		that 🗱 (we) last sow the deceased alive an // 26	19/66 and that in (602) (our) opinion death occurred on the date
		ond hour and from the couses stated above. (We) (did) (didnes) vie	, ,
must		23A. SIGNATURE	ding Med. Stoff A
D		Phys.	Director Phys. 4
LOV		NAME (Type)	3D. ADDRESS
approva	24A	4A. BURIAL CREMATION, 1248. DATE 124C. NAME of CEMETERY OF CREM	UNION MEMORIAL HOSPITAL MATORY 24D. LOCATION (City, lown, or county) (Stote)
en		Burial 1/29/66 Lorraine Park Cem	
ritte		5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
×		JAN 28 1966 (C. 4 2 F. A. M.	Schimunek Funeral Home, Inc. 3331 Brehms Lane #13
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Lane Brehms #13 Cormany between second frances

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				BA	LTIMORE CIT	HEALTH DEPA	RTMENT					
BIRTI	H NO.	66 0	321	CE	RTIFICA	TE OF D	EATH	Registered	Na.	1115	91	
M.E.	CASE NO.						_, ,,,,	AND HOUR OF DE	1111	UU	CL	
	o or Printl	y, Mr. Ju	Ja S				2. 0.410	Fan - 26	-66	1 1-	+25	A
3. PI	LACE OF DEATH IN	BALTIMORE, MA	RYLAND				DENCE (WI	here deceased lived.		residenc	e before	odmi s si o r
						A. STATE	B. COL	INTY	1	ta calor	21	1
l H	OSPITAL OR	If nat in haspital address ar lacatia		on, give street		Maryla		outside city limits, w	wite PURAL	ad aius	امناء۔سما	1
fh	ISTITUTION							ouside city milits, w	mie KOKAL (ino give	rownsnipi	
5	Church	Home & H	losnit	al		D. STREET ADD	Ore DRESS (If rural, give lacation	1)			
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5. \$1	EX 6. RAC	E	7. MARR	ED, NEVER M	ARRIED	B. DATE OF BIR		9. AGE (In years	If Up	der 1 Yr.	, If Und	er 24 Hrs
	M	white		wed, divorc arried	ED (specify)	4-8-19		fast birthdayl	Manth	Days	Haurs	Min.
10A.	USUAL OCCUPATION				OR INDUSTRY					TIZEN OI		
dane	during most al working l		h .		1.1.0				W	HAT CO		
13. F	Checkes		ppect	or Frei	ght Syst	em S.	Caroli			U.	S.A.	
,												
16.14	Stafford			11 (ce Moc	re				
(Yes,	Vas Deceased Ever in ,no ar unknown) (ff yes,	give war ar date	ces: es of servic	e) 1 6. SOCIA	RITY NO.	Ann Min	ozzi	Crowley,	wife	ab	ove	
	yes Arn	ny WW 2		245-	14-0938		hart					
	1B. 454	XI			CAUSE C	F DEATH		1			AL BETY	
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	hearf foilure, astheni	o, etc. if meons	the disec					Sep. 11 A				
	injury or complication				44	NGRENE	01	SMAIL BO	owel			
		EDENT CAUSES										
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ATION	OTHER SIGNIFICANT	CONDITIONS C	ONTRIBU		CCIKO	100 100	Dale	ruee_				
	DISEASE OR CONDITION OF THE OF OPERA	TON CAUSING	IT.			20A. AUTOPS	19 - 1	M. V. COR. IF MEG. 111				
* * * !	1- Van-12-6	WAS PER	FORMED	R WHICH OF				No) 20B. IF YES, W	CAUSES OF	DEATH	?	ies
CER	T - Jan -/8-	UNDERLYING	MORAL			n ar abaut 21 C. W		(If in Balt	timare City, g	ive exact	/	
A	OR CONTRIBUTING DEATH (natify medical	CAUSE OF	_	hame, farm, fo	ictory, street, o	ffice bldg., fNJUR	OCCUR?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
U) (Day) (Year)	/Hand	21E, INJURY C	CCURRED	215 14	OW DID IN	JURY OCCUR?				
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	(APPROX.)			Wark	At Wark		2		Tan-	26		01
	22. I certify that (I) (this hospita	l) ottende	- Application of the second		Jan-	7	19 6 6 ta	Jan-	20.	1	,66
	thot (I) (we) lost so	aw the decease	ed alive o	in	22 26	19 66	and 1	thot in(my) (aur)	opinian de	oth acc	urred or	the do
	and hour ond from	he couses sta	ted aboye	. (I) (We) (d)	d) (did not)	view the body o	ifter death	•				
1	23A. SIGNATURE	011	2.41	1/1	1			. 4	23 B, D	ATE SIGN	IED	
		UL	all	Nu.	M.D. Att	ending A	Aed.	Stalf Phys.				

23C.PHYSICIANS
NAME (Type)
Alejandro J. Aillon
[24C.N.

M.D.

23D. ADDRESS

24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION (City, tawn, ar caunty) (State)

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)
Burial 1/29, 1/29/66 BY HEALTH DEPT.

Gardens of Faith Cem. 258, NAME OF REGISTRAR

Baltimore, Md.

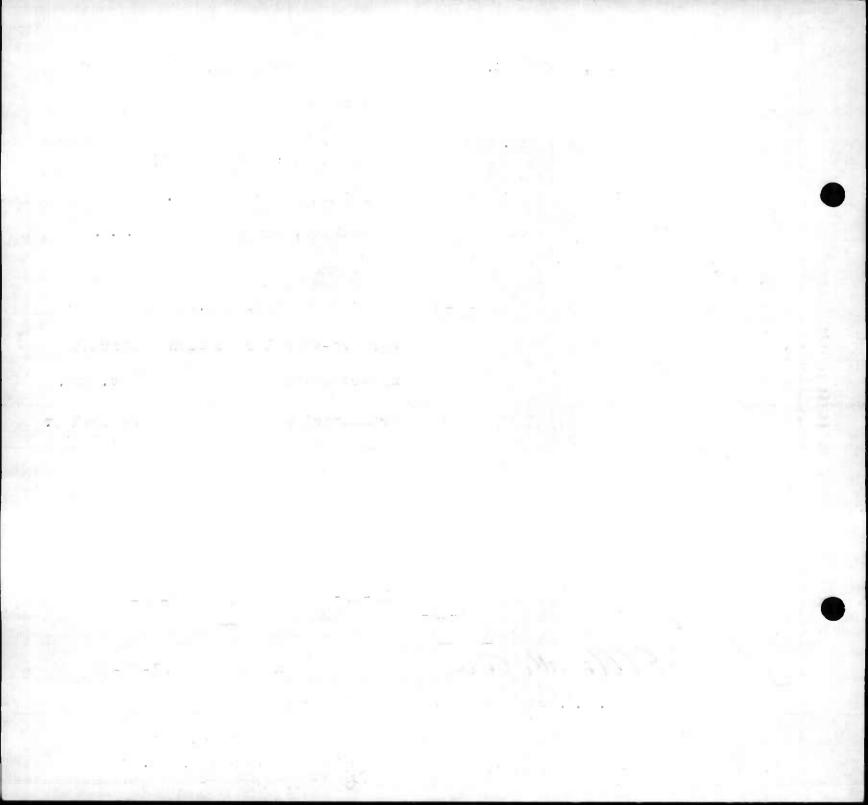
Schimunek Funeral Home, Inc. 3331 Brehms Lane ADDRESS

VS 150-REV. 1/1/65

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VS 150-REV. 1/1/65

				BALTIMORE CITY	HEALTH DEPARTMENT	CE	00000
BIRTH			66 00	CERTIFICA	TE OF DEATH	Registered No.	UUGCC
	ME OF DEC	EASED				ID HOUR OF DEATH	
	or Print)	BOEHM.	TOMMTE	C		- 44	0-20 -
3. PL	ACE OF DE		ORE MARYLAND)		LRY 27, 1966 re deceased lived. If institu	utian: residence befare odmission
					A. STATE B. COUN	TY	Λ
HO	ILL NAME OF		hospitol or instit or location)	ution, give street	Maryland c. city or town (If out	tside city limits, write RUR	AL and give township)
					Baltimore		
1	F'a	yette St	reet Conv	7. Home		rurol, give lacotian)	
					2880 Kentucky	Avenue 21213	
for	x nale	6. RACE White	WIE	RRIED, NEVER MARRIED DOWED, DIVORCED (specify) VIONWED		0.0	Under 1 Yr. If Under 24 Hrs anths Days Haurs Min.
				ND OF BUSINESS OR INDUSTRY			2. CITIZEN OF
		working life, even				,	WHAT COUNTRY?
	ısewif∈		at	t home	Baltimore, Mary		U.S.A.
3. F/	ATHERS NA	ME			14. MOTHER'S MAIDEN NA	ME	
Jos	seph Ke	eller			Barbara		
		Ever in U. S. A	med Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes,	no ar unkna wr	(If yes, give w	ar ar dates of se	SECURITY NO.			
no				215-54-2309	Elizabeth Pundt	dght., abov	re
1	B. 5	/ X I		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
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		LEADING TO		(A)	rebro-vascula	r accrdent	minutes
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		ANTECEDENT	CAUSES	(B)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
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L	UNDERLYIN	G CONDITION	losi.				
_		- 11					
0			ITIONS CONTRIB				
A	DISEASE OR	CONDITION CA	AUSING IT.				
CERTIFICATION	9A-DATE OF		198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
	A. ACCIDE	NT WAS UNDER	RLYING	21B. PLACE OF INJURY (e.g., i hame, form, foctory, street, o	n or obout 21C. WHERE DID	(If in Boltimore Ci	ty, give exact location!
< C	EATH (notify	medical examin	ner)	etc.)	mee olagi, mooki occok:		
2 2	ID. TIME	(Manth) (Day) (Year) (Haur	21 E. INJURY OCCURRED	21F. HOW DID INJ	UPY OCCUP?	
5 4	F INJURY	(100)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	While At Not While		OK! OCCOK:	
(A PPROX.)			Work At Wark			
2	2. I certify	that (1) (this	hospital) atten	ded the deceased from	2-27-	1965 to 1-2	7- 19 66
	-		deceosed oliv			ot in(my) (our) opinio	n deoth occurred on the do
			ses stated abo	ove. (1) (We) (did) (did not) v	riew the body after death.		
2:	3A. SIGNATI	111	M	030		23	B. DATE SIGNED
		CHE	with	M.D. Atto	s. Med. Director	Staff Phys.	-27-66
2	3C. PHYSICIA	N'S			23D. ADDRESS		
	NAME ()		.E. Cook	M.D.	21,27 Manzel and	Arronio	
14.6	BIIDIAL COF				2431 Maryland		
977	REMOVAL (MATION, 24B. Specify)		4C. NAME of CEMETERY OF CR		OCATION (City,	lown, or county) (State)
Bi	urial	1/	29/66	Baltimore Cemete	ry Ba	ltimore, Mary	land
5A.	DATE REC'D	BY HEALTH DE	EPT. 25B. N	AME OF REGISTRAR	Schimunek Fune		
	JAN 28	1966	0.420	NICABON MAR O	Brehms La		•
					TINDUL CHING 48	me #13	



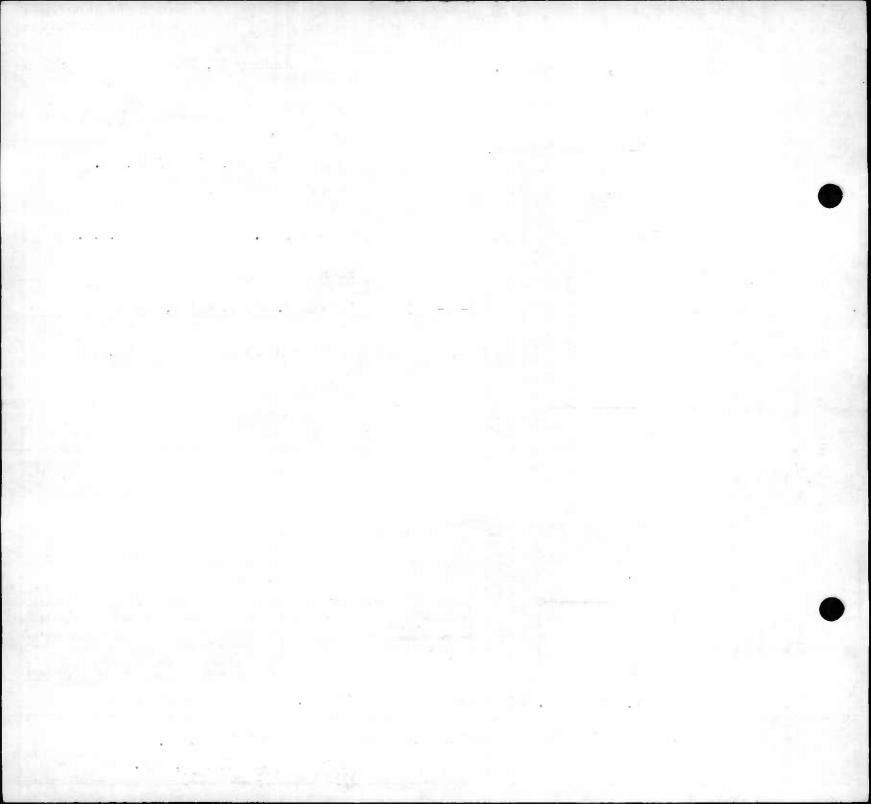
IMPORTANT DIRECTOR: FUNERAL

approved

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Registered No. 66 (10923 CERTIFICATE OF DEATH BIRTH NO. pital and of death Deceased Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH LO (Type or Print) January 25, 1966 death. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance (5) cause Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or lacation) C. CITY OR TOWN (If outside city limits, write RURAL ond give township canse; attend 0 INSTITUTION Baltimore, prior contributing D. STREET ADDRESS Mel-char Nursing Home, (If rural, give location) Brandohair Road, Kingsville, Md. (4) Undetermined regular D 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. deceased is ma WIDOWED, DIVORCED (specify) Hours female white widowed 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Baltimore, Md. Housewife U.S.A. home Was the 13. FATHER'S NAME the direct John Ruley
15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dotes of service) Frances Marshall death uo ADDRESS 16. SOCIAL final SECURITY NO. attendance 215-03-1983 Mildred, H. Hines, neice, above no any INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY arteriorder de Akarl Dipago LEADING TO DEATH (This does not mean the mode of dying, e.g., embal heart failure, asthenio, etc. It means the disease, regular injury ar complication which caused death.) ANTECEDENT CAUSES DUE TO are 4 DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the the physician obtained before the remains UNDERLYING CONDITION last. (6) No physician was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (2) Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 0 WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact lacation) where to the hospital MEDICAL DEATH (notify medical examiner) any nature; 21 D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (except Not While While At (APPROX.) At Work Work and 22. I certify that (I) (this haspital) attended the deceased from 19 66 pe that (b) (we) last saw the deceased alive an and that in (my) (our) apinion death accurred on the date of death) hospital the body was released shows: (1) An accident must 23A. SIGNATUR 23B. DATE SIGNED Attending M.D. Med. Stoff 0 Phy s. written approval Director M 8 23C. PHYSICIAN'S 23 D. ADDRESS prior at NAME (Type) 1129 E. Baltimore Street Dr. Stanley Z. Kelsenberg M.D. was D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial shows: 1/28/66 Baltimore Cemetery Baltimore. Md. 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. Schimunek Funeral Home, Inc. ADDRESS 7831 Brehms Lane VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



Such

LO

attendance

a hospital and cause of death

			BALTIMORE CITY	HEALTH DEP	ARTMENT				
BIRTH NO.	66 01	1924	CERTIFICA	TE OF D	DEATH	Registered N	lo. (; () ()	1924	
1. NAME OF DE	CEASED		REAL		2. DATE A	1-27-6		4:	45%
3. PLACE OF D	EATH IN BALTIMORE, MA			4. USUAL RES	SIDENCE (Who	ne decoosed lived. I	-	sidence before	odmissi
FULL NAME HOSPITAL OF	OF (If not in hospilol R oddress or locotion		re street	C. CITY OR T	RYLA	NA diside city limits, wri		d give township	3
O FRA.	NKLIN SQ	UARE	HOSPITAL		DRESS (If	AR HON			
5. SEX	6. RACE	WIDOWED,	EVER MARRIED DIVORCED (specify)	8. DATE OF BI	-02	9. AGE (In years lost birthday)	If Under Months	Days Hours	der 24 h Min
	CUPATION (Give kind of work of working life, even if retired) RER		NITATION		ARYLA		12. CITIZ WHA	ZEN OF AT COUNTRY?	
13. FATHER'S NA				14. MOTHER'S	MAIDEN NA	ME			
				90	a R	entley			
15. Was Decoas (Yos, no or unknow	ed Ever in U. S. Armod For wn) (If yos, give wor or doto		6. SOCIAL SECURITY NO.	17. INFORMAN	MED	1	REC	ADDRESS ORDS	
9 1B. LL (2)	A LI	Voc-	CAUSE	DE DEATH				INTERVAL BET	
DISE	ASE OR CONDITION DIE	ECTLY						ONSET AND	
	LEADING TO DEATH		(A)	MYDEXEDI	XL /.	NFARCT10	N	5 dag	15
heart failure	nat meen the made af e, asthenio, etc. It meens	the discose,	501 10						
injury or co	omplication which caused	death.)	AR	TEKIOSE	LEROT	IC NEAR	7	2 40	cers?
rise ta	OR CONDITIONS, if the abave cause (A) NG CONDITION last.		(C)	SEASE					
E TO THE	NIFICANT CONDITIONS CONDENT BUT NOT RELA	TED TO THE							
	OF OPERATION 198. CON WAS PER	DITION FOR W	HICH OPERATION	20 A. AUTO	PSY? (Yes of N	o) 20B. IF YES, WE	CAUSES OF	CONSIDERED DEATH?	
OR CONTRI	DENT WAS UNDERLYING IBUTING CAUSE OF lify modical examines)	21 B. P homo otc.)	LACE OF INJURY (e.g., form, foctory, street, c	in or about 21 C. office bldg., INJU	WHERE DID	(If in Balti	moro City, give	e exact location	n)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yoos)	(Hous) 21 E, 1 While Work	NJURY OCCURRED Not Whi At Work	ile	HOW DID IN	JURY OCCUR?			
	fy that (1) (this hospitale) lost sow the decease		/ 2 5	1-2	e and t	19 <u>66</u> to	opinion deot		on the c
	and from the couses sta	red obove. (1)	(We) (did) (did not)	view the body	after deoth.				
23A. SIGNA	asinto V.	de t	Soya M.D. At	tonding	Med. Diractor	Stoff Phys.	23B. DAT	1-27	-66
23C PHYSIC NAME	Alypo) ACINTO	V. DE	BORJAM.D.	23D. ADDRESS	CANK	LIN S	QUAR	E HO	30

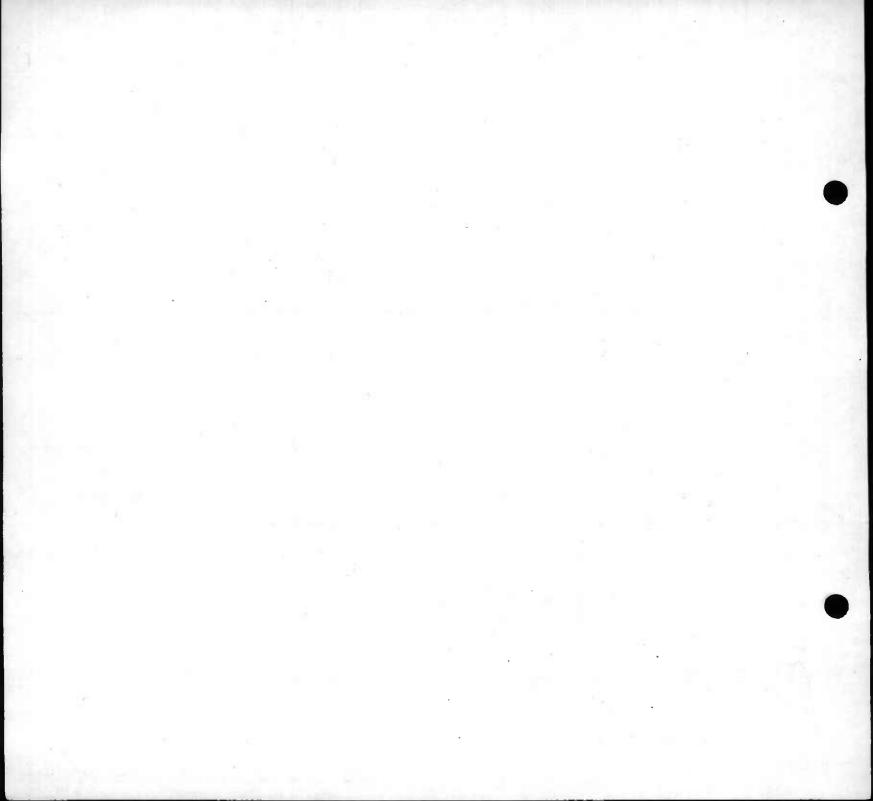
Cometery

24D. LOCATION

Balta Balta

BURIAL CREMATION, 24B. REMOVAL (Specify)

VS 150-REV, 1/1/65



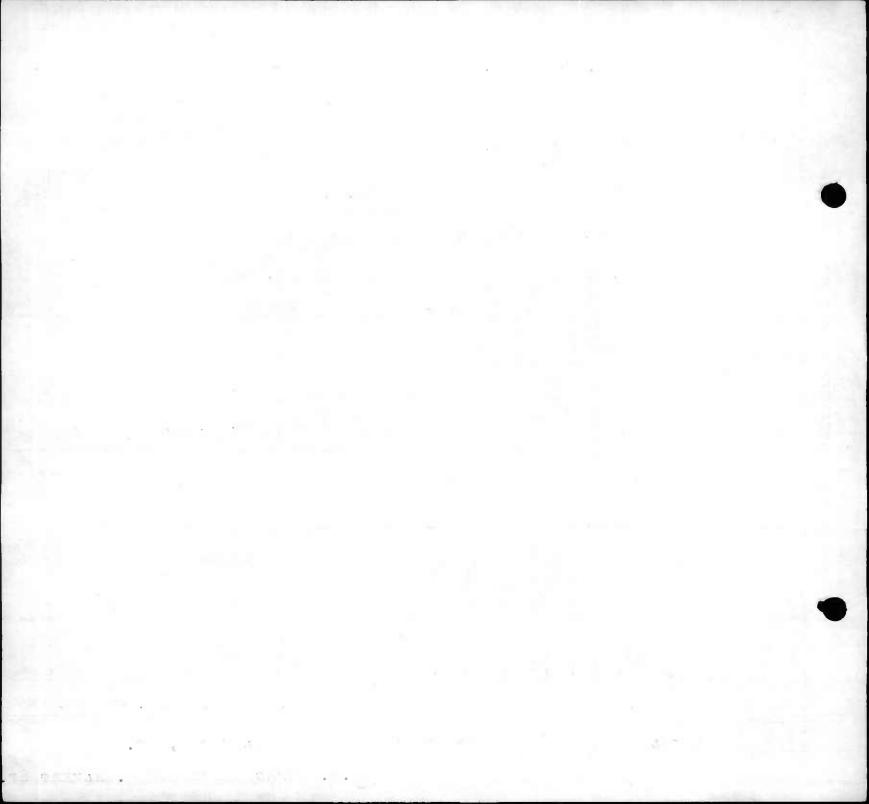
			BALTIMORE CITY	HEALTH DEPARTMENT	1	20 (1) (0)
BIRTI	1 NO. 66 0	325	CERTIFICA	TE OF DEATH	Registered No	66 00925
	CASE NO.			2 DATE A	ND HOUR OF DEATH	
	D.:-4)	STRING	FIELD		26 66	2:50 P M.
3. PI	ACE OF DEATH IN BALTIMORE, MAI	RYLAND		4. USUAL RESIDENCE (WHA. STATE B. COU		citation: residence before admission)
H	JLL NAME OF (If not in hospital of oddiess or location ISTITUTION		ve street		utside city limits, write R	URAL and give township)
17	ST. AGNES HO	SPITAL		BALTIMORE D. STREET ADDRESS (I	27 f rural, give location)	5300
0	/				AVENUE	
5. SI	6. RACE		NEVER MARRIED	B. DATE BESIDETH	9. AGE (In years 66	If Under 1 Yr. If Under 24 Hrs.
	EMALE WHITE	SING		CXIXIXIXOVXIX	ABXOUXTK XXXX	Months Doys Haurs Min.
IOA.	USUAL OCCUPATION (Give kind of wark during mast all warking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar fai	reign cauntry)	12. CITIZEN OF WHAT COUNTRY?
	NONE			VIRGI		U.S.A.
13. F	ROY			MARY	AME	
15. V	Vas Deceased Ever in U. S. Armed Ford no or unknown)(If yes, give war or dote:	es?	6. SOCIAL SECURITY NO.	17. INFORMANT	AND CATON	AV FNORESS
	, , , , , , , , , , , , , , , , , ,		JECOKIII NO.	ST. AGNES HO	SPITAL REC	ORDS WILKENS
	18. 260X 1		CAUSE O	F DEATH	111	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIR LEADING TO DEATH	ECILY	Alle	sheller Hel	leters.	
	(This does not mean the mode of heart failure, asthenia, etc. It means	the disease,	DUE TO		2 /	NAME OF THE PARTY
	ANTECEDENT CAUSES	deoth.)	(B) In	Unising &	I lung	
	DISEASES OR CONDITIONS, if	anv. aivina	DUE TO	1		
	rise to the above cause (A) UNDERLYING CONDITION lost.		(C) /N	proceeds	ans	
N	OTHER SIGNIFICANT CONDITIONS C					
ATI	TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	T.		TOO A	1 1 000	
ERTIFICATION	19A. DATE OF OPERATION 19B. CON WAS PERF		HICH OPERATION	YES	IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
U	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218, I home etc.)	PLACE OF INJURY (e.g., i , form, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact facation)
	21 D. TIME (Month) (Doy) (Year) OF INJURY		INJURY OCCURRED	21 F. HOW DID IN	IJURY OCCUR?	
<	(APPROX.)	White			(5 14)111	ADV 06
	22. I certify that (1) (this hospital			DECEMBER 30	19 05 to JANU	ARY 26 19 66
	that XI) (we) last saw the decease					ion death occurred on the date
1 I	ond hour and from the couses stat	ed abave. ()((We) (did) (dXdXnXt)	view the bady ofter deoth	9	23 B. DATE SIGNED
	Manuel)	Freder	July M.D. Att	ending Med. Director	Stoff Phys.	1-27-66
	23C. PHYSICIAM'S NAME (Type) M. ROD	RIGUEZ	M.D. M.D.	23D. ADDRESS ST. AGNES H	OSPITAL; CAT	#29 TON & WILKENS AVE
24A 25A	BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 1 28/6	24C. NA	ME of CEMETERY OF CR		altimar ,	
VS 1	JAN 28 1966 (2.0.) 50-REV. 1/1/65	150 (6)	1.00	Grahme my	. 1328 Salps	un Sp. Pel.

ANTONI Land, T.

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BIRTH NO.	666	11000	Y HEALTH DEPARTMENT	Paristand No	S6 00926
M.E. CASE NO.		CERTIFICA	ATE OF DEATH		
1. NAME OF DECEA (Type or Print)		Town II		AND HOUR OF DEATH	
3. PLACE OF DEAT	ROSS, Miss			26-66	7:20 A.
FULL NAME OF		or instilution, give sheet	A. STATE B. CO	UNTY	31st & Charles
HOSPITAL OR	oddiess or location			outside city limits, write 1timore 2121	RURAL and give township)
7 /	1000 S Cat	con Ave.	D. STREET ADDRESS	(If rural, give location)	17-11
/	Baltimore,	Md. 21229	STATE MA	RYLAND	1000
Female 6	White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single	8. DATE OF BIRTH Mar.13,1875	9. AGE (In years last birthday)	If Under 1 Yı. If Under 24 H Months Doys Hours Min,
	ATION (Give kind of work iking life, even if letired)	10B. KIND OF BUSINESS OR INDUSTR	1 11, BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF WHAT COUNTRY?
Social	worker	Psychiatry- Medica	l Baltimore	Md	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
James	B. Ross		Margaret A.	Coghlan	
15. Was Deceased E	ver in U. S. Armed Force I yes, give war or dates	es? 16. SOCIAL SECURITY NO.	17. INFORMANT	002,1112	ADDRESS
No	, , , , , , , , , , , , , , , , , , , ,	220-44-9291	MEDICAL RECO	RDS ROOM	
18.	UXI		OF DEATH		INTERVAL BETWEEN
DISEASE	OR CONDITION DIR	ECTLY			ONSET AND DEATH
	EADING TO DEATH	(A)C	ochexia	-	weeks
heart failure, as injury or compl	meon the mode of sthenia, etc. It means icotion which coused ATECEDENT CAUSES CONDITIONS, if c	the disease, death.)	ione brain	/	
					1 1 - 1 1 - 1
rise to the	obove cause (A) CONDITION lost.	sloling the (C) CQ	chaof ort	CheO Stake	3317 X E&V9
OTHER SIGNIFICATION OF THE DEADISEASE OR CO	CONDITION lost. II CANT CONDITIONS CONTROL ONDITION CAUSING IT	ONTRIBUTING ALTERNO	sderatic A	Earl Dear	ue 6 mouth
OTHER SIGNIFICATION OF THE DEADISEASE OR CO	CONDITION lost. II CANT CONDITIONS CONTROL ONDITION CAUSING IT	ONTRIBUTING ALTERNO		Earl DERO No) 208. IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNIFIC TO THE DEADISEASE OR CO	CONDITION lost. II CANT CONDITIONS CONTINUES CONDITION CAUSING II OPERATION 198. CONTINUES PERF WAS UNDERLYING ING CAUSE OF	ONTRIBUTING TED TO THE ALCOMO ORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street,	50 CON STORY (Yes of	No. 208. IF YES, WERE IN CERTIFYING C.	E FINDINGS CONSIDERED
OTHER SIGNIFICATION OF CONTRIBUTION OF CONTRIB	CONDITION lost. II CANT CONDITIONS CONTINUES CONDITION CAUSING II OPERATION 198. CONTINUES PERF WAS UNDERLYING ING CAUSE OF	ONTRIBUTING TED TO THE AUTOMO ORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED	20A. AUTOPSY? (Yes of In or about 21C. WHERE DID office bidg., INJURY OCCUR?	No. 208. IF YES, WERE IN CERTIFYING C.	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNIFIC TO THE DEAD DISEASE OR CO. 19A. DATE OF CO. 21A. ACCIDENT OR CONTRIBUTION CONTRIB	CONDITION lost. II CANT CONDITIONS CONTINUES TO THE BUT NOT RELA DIVIDITION CAUSING II PPERATION 198. CONTINUES PERF WAS UNDERLYING NG CAUSE OF redicol exominer)	ONTRIBUTING TED TO THE AUTOMO DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	20A. AUTOPSY? (Yes of Injury occur?) 21F. HOW DID I	No) 208. IF YES, WERE IN CERTIFYING C. (If in Boltimo	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNIFIC TO THE DEADISEASE OR COLOR TO R CONTRIBUTI DEATH (notify more of injury (APPROX.) 22. I certify the that \$\frac{44}{44}\$ (we) Is	CONDITION lost.	ONTRIBUTING TED TO THE ALCOMO ORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURED While A1 Not Whi	20A. AUTOPSY? (Yes of long) 21C. WHERE DID office bldg., INJURY OCCUR?	No) 208. IF YES, WERE IN CERTIFYING C. (If in Boltimo	E FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location)
TISE TO THE UNDERLYING OTHER SIGNIFIC TO THE DEAD THE DE	CONDITION lost. II CANT CONDITIONS CONTINUED TO RELA ONDITION CAUSING IT OPERATION 198. CONTINUED TO SERVING DATE WAS UNDERLYING D	ONTRIBUTING TED TO THE ALCEVOS DITION FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Wh Work At Work attended the deceosed from ded obove. (H) (We) (did) (did not)	20A. AUTOPSY? (Yes of long) 21C. WHERE DID office bldg., INJURY OCCUR?	No) 208. IF YES, WERE IN CERTIFYING C. (If in Boltimo	E FINDINGS CONSIDERED AUSES OF DEATH? OTE City, give exact location)
TISE TO THE UNDERLYING OTHER SIGNIFICATION TO THE DEAD DISEASE OR CO. 19A. DATE OF CO. 21A. ACCIDENT OR CONTRIBUTI DEATH (notify or CONTRIB	CONDITION lost. II CANT CONDITIONS CONTINUED TO RELA ONDITION CAUSING IT OPERATION 198. CONTINUED TO SERVING DATE WAS UNDERLYING D	ONTRIBUTING TED TO THE AUCCUSO DITION FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work attended the deceased from ded obove. (H) (We) (did) (did not) All Work Al	20A. AUTOPSY? (Yes of	No) 208. IF YES, WERE IN CERTIFYING C. (If in Boltimo NJURY OCCUR? 1963 ta	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exact locotion) 1966 Dinion death occurred on the d
TISE TO THE UNDERLYING OTHER SIGNIFICATION TO THE DEAD DISEASE OR CO. 19A. DATE OF CO. 21A. ACCIDENT OR CONTRIBUTI DEATH (notify or CONTRIB	CONDITION lost. II CANT CONDITIONS CONTINUED TO RELA DIVIDITION CAUSING IT IPPERATION 198. CONTINUED TO SERVING CAUSE OF Redical examines) Manth) (Day) (Year) Out (H) (this hospital) Dest sow the deceases from the couses state I RAYMOND GI ATION, 248. DATE ecity)	ONTRIBUTING TED TO THE AUCCUSO DITION FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work attended the deceased from ded obove. (H) (We) (did) (did not) All Work Al	20A. AUTOPSY? (Yes of 20A. AUTOPSY? (Yes of 20A. AUTOPSY? (Yes of 20A. AUTOPSY?) (Yes of 20	Not 208. IF YES, WERE IN CERTIFYING C. (If in Boltimo NJURY OCCUR? 1963 ta that in (asy) (our) op h. Stoff Phys. [AL HOSP. 100	E FINDINGS CONSIDERED AUSES OF DEATH? OTHER City, give exact location) 1966 23B. DATE SIGNED 23B. DATE SIGNED CONSIDERED CONSIDERED (City, give exact location) (State of Death)

BALTIMORE,
25C. FUNERAL DIRECTOR BURIAL 1/29 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. ADDRESS MEARS & SON 805 N. CALVERT ST VS 150-REV. 1/1/65



		BALTIMORE CITY	HEALTH DEPARTMENT	66 00927			
	TH NO. 66 0098	CERTIFICA	TE OF DEATH Registered Na.	00 00,327			
1.1	E. CASE NO. NAME OF DECEASED pe or Print) R + A T Mag - T	e .	2. DATE AND HOUR OF DEATH				
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	The same of the sa	4. USUAL RESIDENCE (Where deceosed lived. If i	nstitution: residence before admission			
	FULL NAME OF (If nat in haspitol ar institut HOSPITAL OR oddress or lacotion) INSTITUTION	ian, give street	C. CITY OR TOWN (If autside city limits, write	RURAL and give township)			
)	Mercy Hospital		BALTIMORE D. STREET ADDRESS (If rural, give location) 319 WYMAN PARK DR	•			
	entale White 00	RIED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months Days Haurs Min.			
	N. USUAL OCCUPATION (Give kind of wark 10B. KIN the during most of working lite, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fareign country) MARY LAND	12. CITIZEN OF WHAT COUNTRY?			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	U.S.A.			
(Charles Thumel		ANNA BAUMAN				
5. Y e	Was Deceased Ever in U. S. Armed Farces? s, no or unknown) (If yes, give war ar dates af serv		17. INFORMANT	ADDRESS			
			James J.Magee 319 Wy	MAN PARK Dr.			
	DISEASE OR CONDITION DIRECTLY	CAUSE OF		INTERVAL BETWEEN ONSET AND DEATH			
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or camplication which caused death,)	e.g., DUE TO	ute Myocardial Enfarction				
1	ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stating UNDERLYING CONDITION last.						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING CARCINOM	A OF GALL BLADDE	R 3			
RTIFICATION	19A. DATE OF OPERATION 19B. CONDITION F	FINDINGS CONSIDERED					
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR?						
MEDI	OF INTURY						
	22. I certify that (I) (this hospital) attended the deceased from 1 2 19 66, that (I) (we) lost sow the deceased alive on 1 2 9 19 66 and that in (my) (our) apinion death accurred on the date						
	ond hour and from the couses stated above 23A. SIGNATURE		nding Med. Stoff Med.	23R DATE SIGNED /-2 [-6 6			
	23C. PHYSICIAN'S NAME (Type)	1	3D. ADDRESS				
24/	A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CRE	MERCY HOSPITAL MATORY 24D. LOCATION (C	ity, town, ar county) (State)			
	REMOVAL (Specify)	CAMPIEDDAI	RAIMIMODE	Mp.			

BURIAL 1/28/66 CATHEDRAL

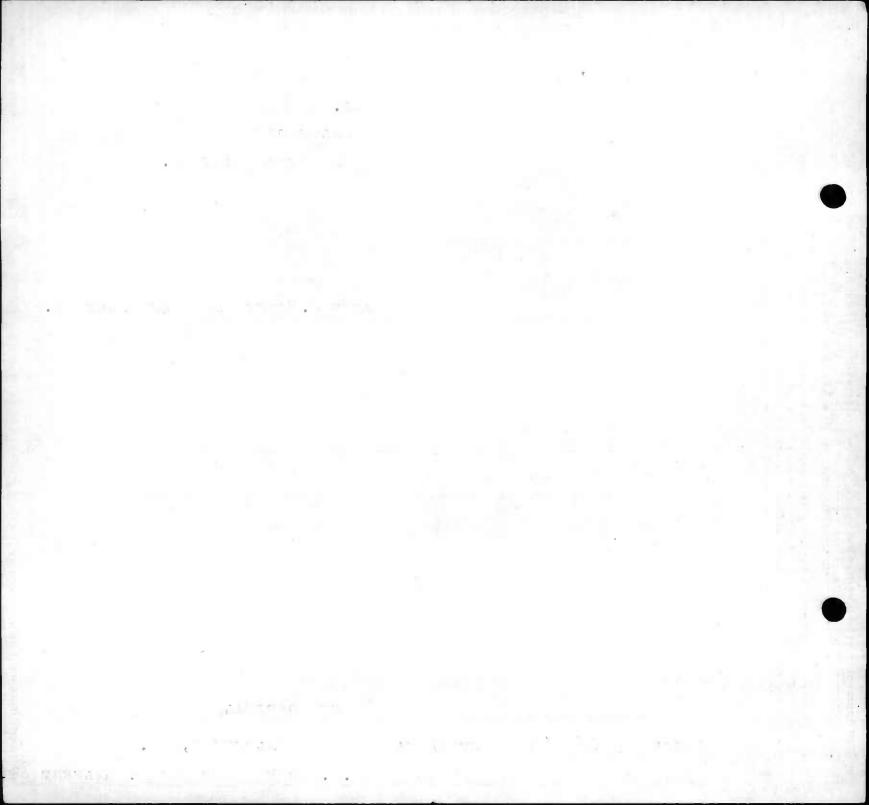
25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

ADDRESS

VS 150-REV. 1/1/65



BIRTH NO.

M.E. CASE NO.

I. NAME OF DECEASED (Type or Print)

3. PLACE OF DEATH IN BALTIMORE

death

of

Such

Ö

VS 150-REV. 1/1/65

0

BALTIMORE CITY HEALTH DEPARTMENT

110328 Registered No. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before COUNTY If Under 1 Yr. If Under 24 Hrs. Hours 12, CITIZEN OF WHAT COUNTRY? ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) to Alex. ond that In(my) (our) opinion death occurred on the date 23B, DATE SIGNED PAIRECTO

MITTER THAT THE PARTY PARTY OF FRANKLAN BRUGAPE HOSP BALTIMERE \$5 3 STRICKET 96

MALE WHITE NOT MARRIED 4-15-95 70 CABORER GALTIMORE, MARTINO CO. FEALUR B-FORNEY MESSANN KEARINS

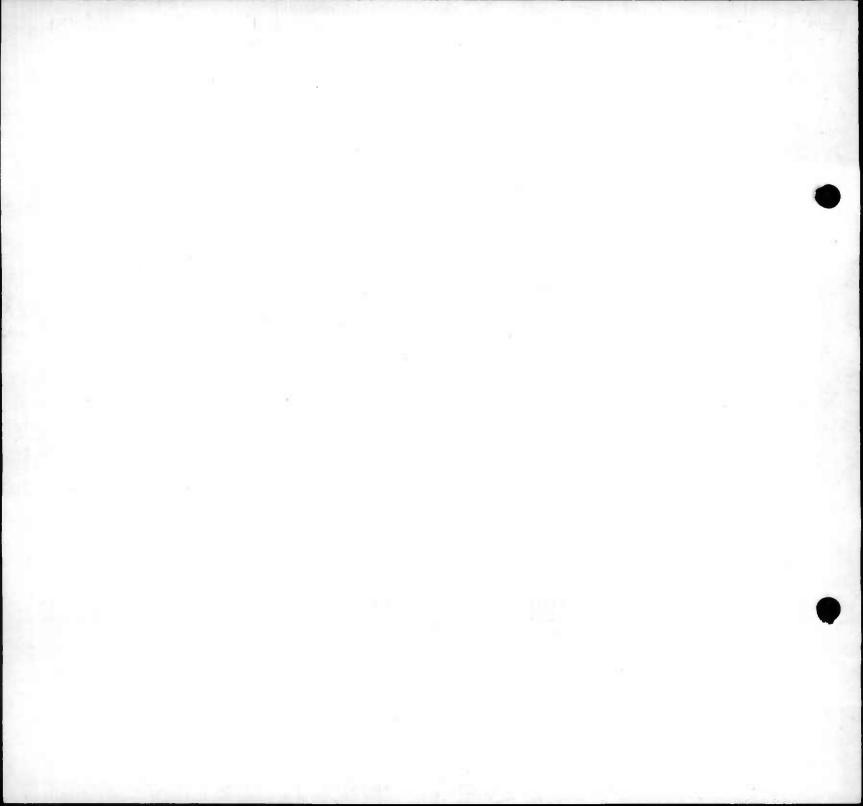
enfinance in MARKE TOLSON, C295 RAMSHELDER

1-21-66 PLEEDING PETTIC ULGE

branklin deprese Hayerico

	_	UNERAL	FUNERAL DIRECTOR: IMPORTANT	IMPOR	TANT)
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	ved by the	e chief med	ical examiner	or his assi	stant if	death oc	curred in	a hospita	9 pup 1	
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	hospital	by a media	al examiner.	Also, if th	ne direc	t or cont	ributing	cause of	death	IA
shows: (1) An accident of any	nature; (2	Body burn	is; (3) A fractu	re of any k	ind; (4)	Undetern	nined caus	se; (5) Dec	besse	7
was D.O.A. at a hospital (exc	cept where	e the physi	cian who pro	nounced	leath w	ras in reg	Jular atte	ndance o	n the	
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	d ON (9) P	hysician w	as in regular	attendanc	e on th	e deceas	ed prior	to death.	Such	1
written approval must be obtained before the remains are embalmed or final disposition is made.	ained befo	ore the rem	ains are emba	Ilmed or fir	nal disp	osition is r	nade.			

	IRTH NO. ALE CASE NO. GG 00929 CERTIFICATE OF DEATH Registered No. GG 01						
1. N	AME OF DECEASED		2. DATE AND HOUR OF DEATH				
	Perry JA	mes	4. USUAL RESIDENCE Where deceased lived, if institution: residence before admission)				
3.	PLACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE Whele A. STATE B. COUNT	deceased lived, if insti	tution: residence before admission)		
	FULL NAME OF (If not in hospital or institution, HOSPITAL OR oddress or location) NSTITUTION	give street	C. CITY OR TOWN III outs	Altimorze ide city limits, write RU	RAL ond give township)		
*	Unium ta Hometal.		D. STREET ADDRESS (If no	1 2 1 2 3	5×-00		
	University Hospital		242 Zeppe				
5. 5	M N widows	D, DIVORCED (specify)	?	ost birthdow 70	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	USUAL OCCUPATION (Give kind of work 10B, KIND C e during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?		
13.	FATHER'S NAME	A	14. MOTHER'S MAIDEN NAM	A.F.	,		
	7		, and the state of	7			
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no ar unknown) (If yes, give war or dates of service)	1 6, SOCIAL SECURITY NO.	17. INFORMANT	6	ADDRESS		
	18.331X I	CAUSE OF	FDEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) Civil	and wasselen.	amilet	15 Du. 65		
	(This does not mean the mode of dying, e.g. heart failure, osthenio, etc. It means the disease injury or complication which coused deoth.)			····			
	ANTECEDENT CAUSES	(B) Coul	al interiosale	70-1-a			
	DISEASES OR CONDITIONS, if ony, giving	3					
	rise to the obove cause (A) stating the UNDERLYING CONDITION lost,	IC)	2000.000.000.000.000.000.000.000.000.00		0.0000000000000000000000000000000000000		
_	11	· · · · · · · · · · · · · · · · · · ·	75				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.	NG HE					
CERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	20A. AUTOPSY? IYes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED LES OF DEATH?			
CAL CE	OR CONTRIBUTING CAUSE OF Local office bids INTURY OCCUPY						
EDIC	OF INTURY						
2	OF INJURY IAPPROX.) While AI Not While Not Work Not Work						
	22. I certify that (I) (this haspital) attended the deceased from 18 22. 1965 to 2 1966 ,						
	that (1) (we) last saw the deceased live on 21 m 19 66 and that in (my) (our) opinion death occurred on the date						
	ond hour and fram the couses stated above. (I) (We) (did) (did not) view the body after death.						
	23A. SIGNATURE						
	Ruberl P. horgaarel	21 / 66					
	NAME (Type)	RGAARD M.D.	3D. ADDRESS	Hermitel	0		
244		AME & CIMETERN OF CHE	MADONARD OPPO. NO	dation LANDy.	town, or county) (State)		
25A		OF REPISHEARY FR ST	125C. AUNERAL DIRECTOR	SCHOOL	ADDRESS		
	JAN 28 1966 (0 1 1 2 3	C. County LAST	TO VOLUME	HCE RCH	113		
VS	150-REV. 1/1/65	MU	WHAT SHAWA	HOL - DOI	1.1/		



BIRTH NO.

M.E. CASE NO. I. NAME OF DECEASED (Type or Print)

> FULL NAME OF HOSPITAL OR

INSTITUTION

3. PLACE OF DEATH IN BALTIMORE, MARYLAN

Such

death.

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prior

or final disposition is made.

are

the remains

before

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approval

prior

decease

VS 150-REV, 1/1/65

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was D.O.A. eceased

certificate

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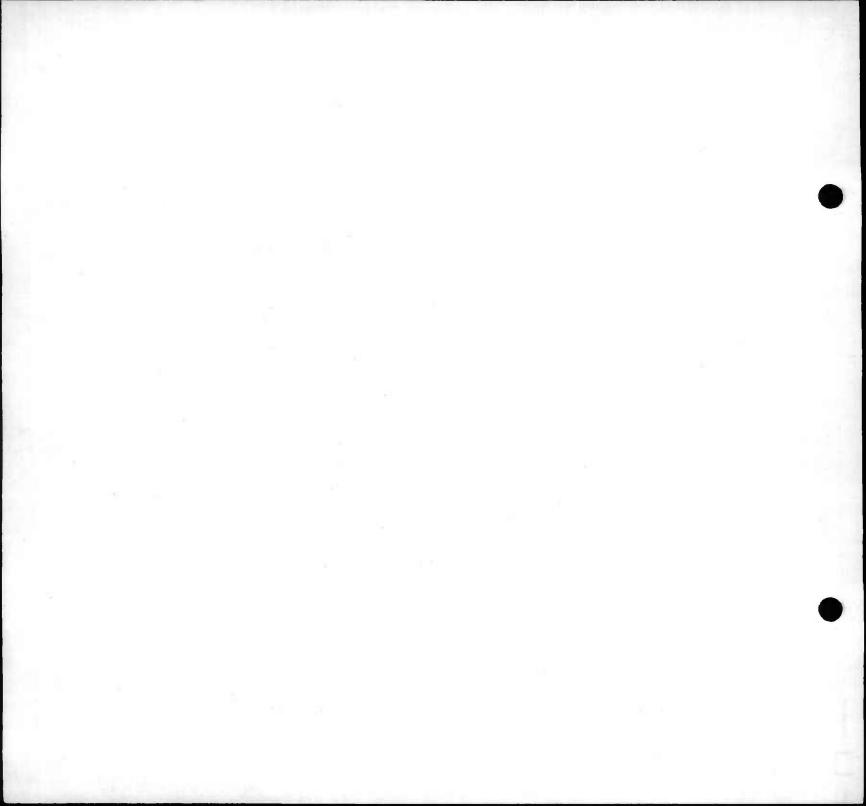
attendance

gug

a hospital

	HEALTH DEPARTMENT	
66 00930 CERTIFICA	TE OF DEATH Registered No.	3 00930
	2. DATE AND HOUR OF DEATH	. 30
of Nahrstrom	21 Jan 66	10 30 Am.
BALTIMORE, MARYLAND	A. STATE B. COUNTY	tion: residence before admission)
(If not in haspital or institution, give street	and Baltmone	·
oddress or location)	C. CITY OR TOWN Ilf autside city limits, write RUR	AL and give township)
	Baltmione (13
1 mary land Hospital	D. STREET ADDRESS (If rurol, give location)	
	102 N. Paca ST.	
7. MARRIED, NEVER MARRIED		Under 1 Yr. If Under 24 His.
WIDOWED, DIVORCED (specify)	21 Nov 87 lost birthdoy) 78 M	onins Days Hours Willi.
N (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
lite, even if retired)	· · /	WHAT COUNTRY?
7	Sweden	Swedon
	14. MOTHER'S MAIDEN NAME	
Vahrstrom	Olivia	
U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
s, give wor or dates of service) SECURITY NO. 2/5-22-3549	A Midtown Narsing	Home,
/ No / S CAUSE O		INTERVAL BETWEEN
CONDITION DIRECTLY		ONSET AND DEATH
	acardial unaction	3 days.

5. SEX 6. RACE 7. M IDA. USUAL OCCUPATION (Give kind of work 10B. K dane during mast al working life, even if retired) Seaman 13. FATHERS NAME Votal Values trans 15, Was Deceased Ever in U. S. Armed Forces? IYes, no or unknown)(If yes, give wor or dates of Unkn 1B. DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. Il means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the above cause (A) stating the UNDERLYING CONDITION Just. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO raucreas DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 20 A. AUTOPSY? IYes or No) 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID hame, farm, foctory, street, affice bldg., INJURY OCCUR? 66 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Ilf in Baltimore City, give exact lacation) AL DEATH Inotily medical examiner MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? N OF INJURY While At Not White (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram 12 66 that (1) (we) last saw the deceased alive an 2/ 19 and that in (my) (***) apinlan death accurred an the date and haur and from the causes stated abave. (1) ((4)(4)(4)(5)(5)) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED M.D. Attending Phys. Med. Director Stoff Phys. a 23 CPHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION. 24C. NAME of REMOVAL (Specify) 5 25B. NAME OF REGISTRAR ADDRESS 2SA. DATE REC'D BY HEALTH DEPT. DIRECTOR



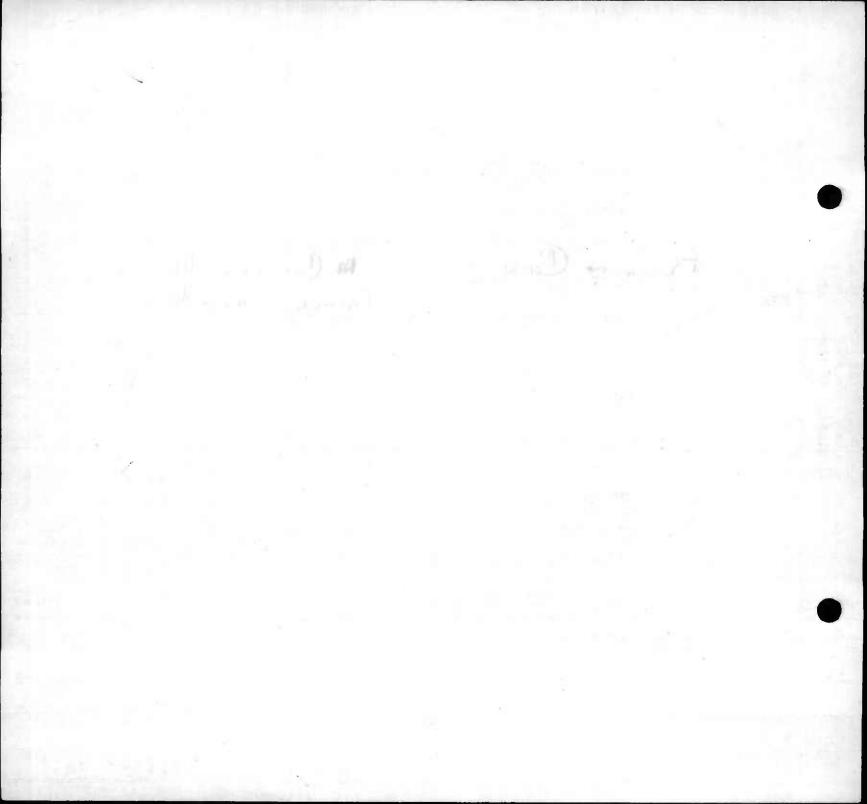
FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

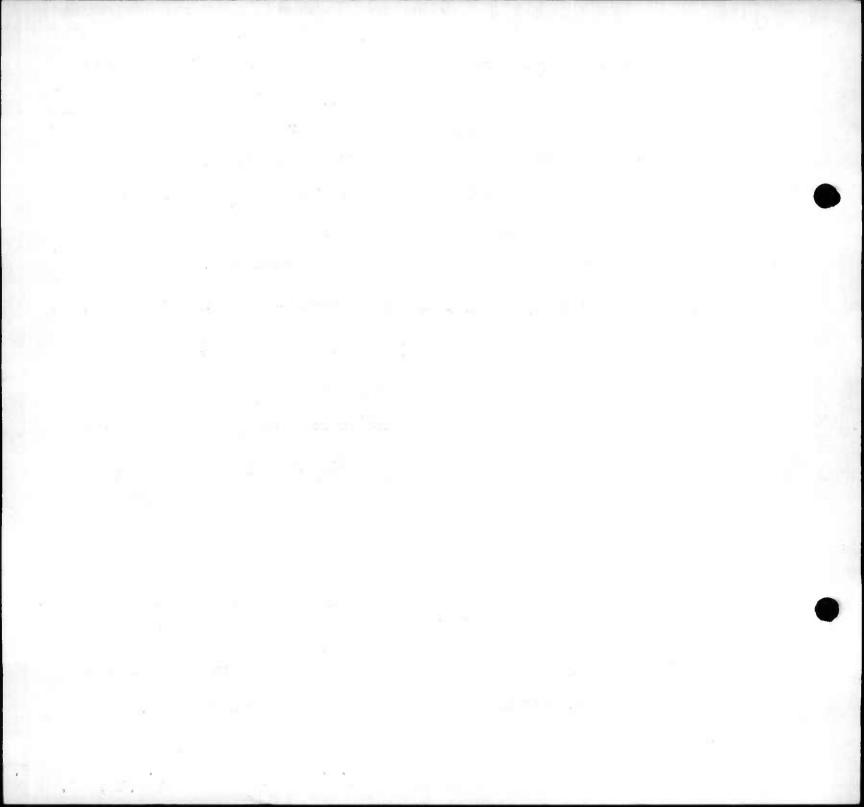
66 00931 BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. CERTIFICA	ATE OF DEATH Registered No. 31800 -24
M.E. CASE NO.	
Type or Print)	2. DATE AND HOUR OF DEATH
EPKINS ESTHER.	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	Mrorestrand.
I IIDSITIAL OR GODIESS OF TOCOHOLI	C. CITY OR TOWN (Af outside city limits, write RURAL and give township)
BALTIMORE.	52-00
13HCHMORE.	D. STREET ADDRESS (If rural, give location)
PE	Commence State Hospital
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	Complete State & Coloring.
WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. In Under 24 Hrs. Months Days Haurs Min.
tende NEGRO UN bhown	10 3 1 2 52
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working lite, even if retired)	TI - O
-136-10001	Howard. USA.
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
unknown	un known.
15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no ar unknown) (If yes, give war or dates of service) SECURITY NO.	
Wokoou	^
IB. / S I	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	0 ()
LEADING TO DEATH	Edistuto, Septiemia.
(This does not meon the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.)	1 . 4 1 0 4 6 - 1
ANTECEDENT CAUSES (B)	someone tem for CH-580 progrus.
DISEASES OR CONDITIONS, if ony, giving	, , , ,
rise to the obove couse (A) stoting the (C)	
UNDERLYING CONDITION lost.	
11	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION CAUSING IT.	e between trachen & Mediasteun.
	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED - EXCEPTION	A . U.L. IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY le.a.	in or obout 21 C. WHERE DID (If in Baltimare City, give exact tocotion)
DEATH (notify medical evenine) A be a letc.)	office bl/g., INJURY OCCUR?
1000	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At While	21 F. HOW DID INJURY OCCUR?
(APPROX.) NCNS While At Work	nere.
22. 1 certify that (1) (this haspital) attended the deceased fram	12/16 10/05 10 12/16 10/6/0
	The state of the s
that (1) (we) last saw the deceased alive an	19_6 and that in(my) our apinion death accurred an the date
and havr and from the causes stated above. (1) (We) (did) (did nat)	view the bady after death.
23A, SIGNATURE	23B. DATE SIGNED
treak. Exiber M.D. A.	rtending Med. Staff. Visconia Phys. Visconia 1166.
23C.PHYSICIAN'S	23D. ADDRESS
NAME (Type)	
LKED K. CMOEB. WO	an consider Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City lawn, or county) (State)
JAN 2 5 1966	AT TALETTA OF HALLE VOLUME
The state of the s	
25A DATE REC'D BY HEALTH DEPT. 125B NAME OF RECISTMAN IN	25C FINERAL DIRECTOR
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAT	ST25C. FUNERAL DIRECTOR SCHOOL ADDRESS
JAN 28 1965 O 4- 29 36 DAME OF	25C. FUNERAL DIRECTOR SCHOOL ADDRESS

Dot , with that starte the to modern algor short 50 51/8/01 unsknown unsknown Florida. magazin MUSTONE COLL Michigan pot motorism in impropose AD of protopodous Fishelle between tracher: : maples her. wpodgin - AD 20/15/51 المدائد الدوائد الدواري 11/10 STAN 201/21 01/10 1/20 R Esibus Lot good straige to 930163. D 0397

		BALTIMORE CITY	HEALTH DEPARTMENT		11
	BIRTH NO. 66 00932 M.E. CASE NO.	TE OF DEATH	Registered No.	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	1. NAME OF DECEASED (Type or Print)	roy	2. DATE AN	D HOUR OF DEATH	9:15 Pm
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE TWHEN	e deceosed lived. If institu	tion: residence before admission)	
	FULL NAME OF (If not in hospital or institution, give	street	WD		5-13
-	INSTITUTION States of faccillan)		C. CITY OR TOWN (If out	side city limits, write RUR	AL and give (township)
0			D. STREET ADDRESS All I	rurol, give locotion)	2.
	UNIVERSITY HOSPI	TAL	4424 Kus	thestorent	d.74
mad	5. SEX 6. RACE 7. MARRIED, NEW WIDOWED, DI	VER MARRIED IVORCED (specify)	B. DATE OF BIRTH	9, AGE (In years If lost birthday) M	Under 1 Yr. If Under 24 His. onths Doys Hours Min.
n is	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUS	INESS OR INDUSTRY			2. CITIZEN OF WHAT COUNTRY?
itio			MARYLA	ردا	a.s.
disposition	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	00 (2 AIN
P I D	15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS
fine		*	+ N+THER	4424 HEIS	TERSTOWN RI
10	18.76/15 I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
pe	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	R	C D. D. A C D	DIETORIE	18.1500
embalmed	(This does not meon the mode of dying, e.g.,	DUE TO	PHERIORI	DIZIEEZ	1 12 13/12
pqu	heart failure, asthenia, etc. It means the disease, injury or complication which caused death,)	D	DIN DICTINE		BIRTH
	ANTECEDENT CAUSES	DUE TO	EMATORI	I	0,114
are	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the	(C)			
	UNDERLYING CONDITION last.	(6)			
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	PREMAT		70 P. E.D.	
the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE	CH OPERATION	20 A. AUTOPSY? (Yes or No)		JINGS CONSIDERED S OF DEATH?
before the	U 21A. ACCIDENT WAS UNDERLYING 21B. PLA		or obout 21C, WHERE DID	(If in Boltimore Cit	ty, give exact location)
	W OF INTELLED	URY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
ained	(APPROX.) While A	Not While	e		
opt	22. I certify that (I) (this hospital) attended the d	eceosed from	1/1/6	9 4 to	1/4 19 66.
pe	that (1) (we) lost saw the deceased alive on	1/1/20	19 66 ond the	of in(my) (our) opinior	deoth occurred on the date
	and hour and from the couses stated above. (1) (W	e) (did) (did not) v	iew the body ofter deoth.		
must	23A. SIGNATURE	A4.5 A46	ending Med.		B. DATE SIGNED
	23C. PHYSICIAN'S	Phy:	s. Director	Stoff Phys.	1/16/66
approval	NAME-Type)	M.D.	23D. ADDRESS		
ddr	24A. BURIAL CREMATION, 24B. DATE 24C. NAME	The state of the state of	ar word in part	CARLOTTE AND	gulal
L 0	JAN 25 1965	of CEMENTY OF CR	THE DUPLE POOR	* CCEOO!	own, or county) (Stote)
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RI	GISTRAR	CITY A PORTOR	L SCHOOL	ADDRESS
3	IAN 28 1966 (0 0 8-12 Falls	MA CO	MORTUAL	XX SERVICE	- RCHD
	VS 150-REV. 1/1/65		- V / V		- DMB



		00 1	10022	BALTIMORE CITY	HEALTH DEPARTME	ENT			
BIRTH N	0.	60 1	10933	CERTIFICA	TE OF DEA	TH Registered No.	2 00000		
M.E. CASE NO. 1. NAME OF DECEASED					2. DATE AND HOUR OF DEATH				
(Type or		Leroy Br	yan Cros	SS	2. 0	Jan. 26, 1%6	4: 15 P ~		
3. PLAC	E OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	E (Where deceased lived, if in	stitution: residence before admission)		
					Md.		JA 3		
HOSPI	NAME OF	F (If not in hospitol address or location	or institution,	give streel	C. CITY OR TOWN		RURAL and give township)		
US	Publi	c Health Ser	vice Hos	spital	Baltimor	е			
Wym	an Pk	. Drive & 31	st Stree	e t.	D. STREET ADDRESS				
						nmount Ave.			
5. SEX		6. RACE	7. MARRIED, WIDOWEE SII	NEVER MARRIED D. DIVORCED (specify)	11/27/80	9. AGE (In years last birthday) 85	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
IOA, USU	AL OCCU	IPATION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF		
done duri	Retir	vorking life, even if relired) ed	USN		Md.		WHAT COUNTRY? USA		
13. FATH	IERS NAM	A F	-		14. MOTHER'S MAID	FN NAME	0.022		
		es Cross							
	JANUA A	01 010			TITIES	abeth Bryan			
		Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
Ye		USN 1925	s of servicer	214-20-7254	Records	s- US PHS Hospit	tal, Balto, Md.		
18. CAUSE O					FDEATH		INTERVAL BETWEEN ONSET AND DEATH		
		E OR CONDITION DIF LEADING TO DEATH	RECTLY	() Car	diac arrest	. clinical)	Hours		
(Thi		of mean the mode of	dvina. e.a	(A) X					
hea	rt foilure,	asthenia, elc. Il means	the disease,						
inju		plication which coused	death.)	Cor	onary ather	osclerosis ,	Years		
	Д	INTECEDENT CAUSES		DUE TO	ma	rked			
		R CONDITIONS, if		Die	betes melli	tuc	Years		
		obove couse (A) CONDITION last.	sloling the	(C) DIC	DE CED WETTT		Tearp		
		11		Bro	nchopneumon	ia	Days		
10 E	THE DE	FICANT CONDITIONS C	TED TO TH	C	a & bronchi		Years		
A DIS		CONDITION CAUSING I			TOO A A LIFE BANK (V.	- N. V 200 IF HER WITE			
RTIFE S	yes								
U 21A.	U 21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location)								
₹ DEA	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?								
O 21 D.									
₹ OF I									
	Work At Work								
22.	22. I certify that (1) (this hospital) ottended the deceased fram Jan. 15 1966 to Jan. 26 1966,								
thot	(N (we)	last sow the decease	d alive on	Jan. 26	19 66	and that in (my) (our) api	nion deoth occurred on the dos		
ond	that (1) (we) last sow the deceased alive on Jan. 26 19 66 and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above. (1) (1) (did) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4								
	SIGNATU			1) 13 (alai, halai, hali, r	Tow the body differ		23B. DATE SIGNED		
	-	Roma	T	M.D. Atte	nding Med.	Staff Toly	1/27/66		
00.6	Bliverate		VX	_	s. Directo	Staff XX	1/21/00		
230.	Thomas J. Lau, Surgeon (R) M.D. US PHS Hospital, Balto, Md.								
24A. BUI	RIAL CREA	AATION, 248. DATE	24C. N/	AME of CEMETERY or CRE			ity, town, or county) (State)		
Bur		1/29/6	6 T	oudon Park		Baltimore,	Manuland		
	TE REC'D		25B. NAME C		25C. FUNERAL DI	RECTOR	Maryland ADDRESS		
JAN 28 1066 A N 206 760 C O H.W. Jenkins & Sons Co. 490									
VS 150-F	REV. 1/1/6	5	1960 tol 101	COUNTY -			lto.12, Md.		
				_			-		



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21 D. TIME

OF INJURY

(APPROX.)

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occurred

BALTIMORE CITY I	HEALTH DEPARTMENT CO SUI GO A
MRTH NO. M.E. CASE NO. GG 00934 CERTIFICAT	TE OF DEATH Registered No. 66 00934
Type or Print) NORMAN (NOrman Welch)	2. DATE AND HOUR OF DEATH 1/25/66 815 AM.
PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street	4. USUAL RESIDENCE (Where deceased lived If institution: residence before admission) A. STATE B. COUNTY C. CITY OR TOWN (If autside city limits, write RURAL and give lownship) D. STREET ADDRESS (If furol, give location) B. R. E. S. TOW S. T.
WIDOWED DIVORCED (specify)	9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1 done during most of working life, even if retired) NIGHTWATCHMAN LYRIC THEATER	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY? USA
DALLAS WELCH	MATILDA HORST 7. INFORMANT 623 Alabama Ave. Southers East
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 218 18 4227	PATIENT Mrs Wortley Welch Wash. D.C.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	MIA & UREMIC PERICARDITIS 5 MOUTHS
heart foilure, osthenia, etc. It means the disease,	20NIC REVAL FAILURE ?
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoting the UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	EROTIC CARPIOVASCULAR DISERSE 1 /4
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

rise to UNDER CERTIFICATION OTHER TO TI

that (I) (we) last saw the deceased olive ar

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

DEATH (notify medical examiner)

VU 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?

etc.) 21 E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR

While At Not White Work At Wark

22. I certify that (I) (this hospital) attended the deceased fram

60 19 66 19

Med.

and that in (my) (our) apinion death accurred on the date

and haur ond from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATUR

23C. PHYSICIAN'S

Attending Phys. Director 23 D. ADDRESS

23 B. DATE SIGNED

Donald Goldney M.D.

Maryland General Hospita]

24A. BURIAL CREMATION. 24B. DATE 24C, NAME of CEMETERY of CREMATORY REMOVAL (Specify)

24D. LOCATION

(City, town, ar county)

(If in Bottimare City, give exact location)

(Stote)

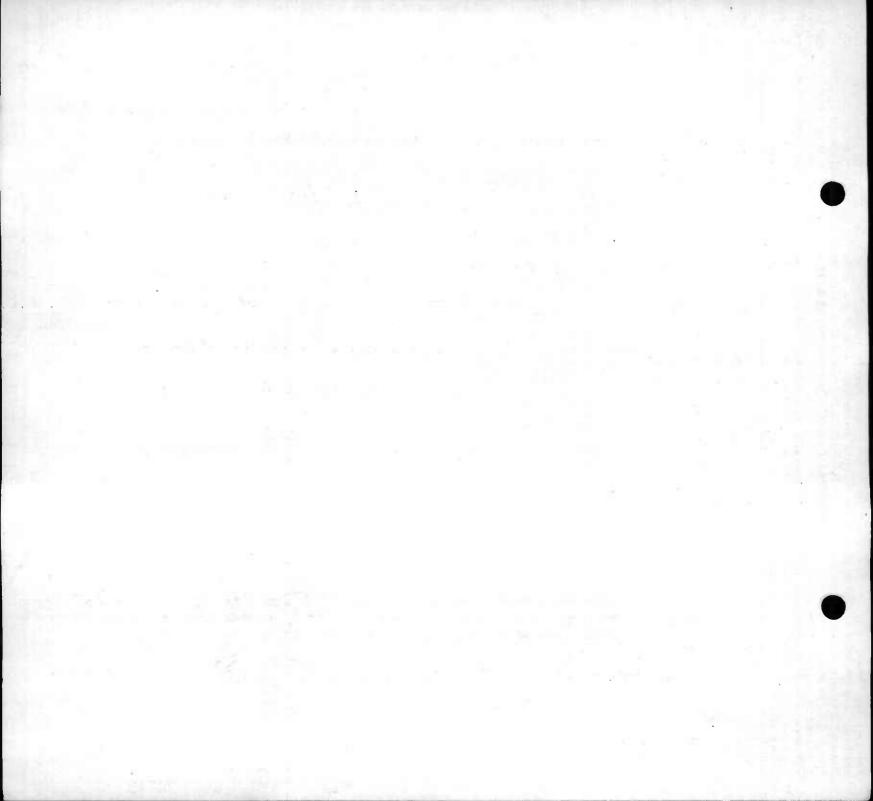
/28 66 Baltimore Cemete REC'D BY HEALTH DEPT. 25A. DATE

(Year)

25C. FUNERAL DIRECTOR SONS 80

VS 150-REV. 1/1/65

NAME (Type



T

Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH 27, ere deceased lived. If institution: residence before admission outside city limits, write RURAL and give township le avenue 9. AGE (In years If Under 1 Yr. Months Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Belle Avenue Balto. 21215 Bruck INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Bottimore City, give exact location) and that in (my) (opinian death occurred on the date 23 B. DATE SIGNED 66 Greenmount Crematory | 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Maryland Baltimore SANDER 80 SONS VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	

				BALTIMORE CITY	HEALTH DEPARTME	ENT			
	H NO.	66 01	1936	CERTIFICA	TE OF DEA	TH Registered No	16 10936		
1. N	AME OF DEC	EASED				ATE AND HOUR OF DEAT			
	BI	ERNHEIMER, Ch		rshall		anuary 27, 196			
3. P	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		A. STATE	E (Where deceased lived, If COUNTY	institution: residence before admission		
	FULL NAME O			give street	New Jersey		1/-2-1		
l j	NSTITUTION V	eterans Admi	nistrati	ion Hospital	Williamsto		e RURAL and give township)		
1./	3	900 Loch Rav	en Blvd.		D. STREET ADDRESS				
1]	Baltimore, Ma	ryland 2	21218	Box 538 Wi	ldwood Ave., R	D # 3		
5. S	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	ff Under 1 Yr. If Under 24 Hrs Months Days Hours Min.		
M	ale	Caucasian	Marrie	d (specify)	8-26-85	lost birthday)	Mantins Doys Hours Min.		
		JPATION (Give kind of work working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	Laborer	voicing me, even is temped)	Unknow	m	Pennsylva	nia	U. S. A.		
13.	FATHER'S NAM	AE			14. MOTHER'S MAID	EN NAME			
	Henry Be	ernheimer			Martha Yo	ung			
15. 1	Was Deceased	Ever in U. S. Armed For (If yes, give wor or date	cos?	1 6. SOCIAL	17. INFORMANTREC	orda	ADDRESS		
(163	Yes	7-24-18 to		198-09-1718		ital, Baltimor	e. Md. 21218		
	1B. 11. 1	14100	01	CAUSE O		,	INTERVAL BETWEEN		
	DISEAS	E OR CONDITION DI	RECTLY				ONSET AND DEATH		
		LEADING TO DEATH			nchogenic Ca	arcinoma	8 months		
	heart failure,	at meen the mode of asthenio, etc. It means	the disease,	DUE TO					
		plication which caused		(8)					
		ANTECEDENT CAUSES		DUE TO		* * * * * * * * * * * * * * * * * * *			
		R CONDITIONS, if above couse (A)		(C)					
	UNDERLYING	CONDITION last.		majorit di dirito de servicia di diservicia del			0.00 BAUGA 00 00 00 00 00 00 00 00 00 00 00 00 00		
z		11	0.17818117111						
ATION	TO THE D	FICANT CONDITIONS C	TED TO THE	Tuberculosis	. Pulmonary	, Far-Advanced	Active		
ICA	19A. DATE OF	OPERATION 198. CON	DITION FOR V	VHICH OPERATION		s or No. 208. IF YES. WER	E FINDINGS CONSIDERED		
ERTIFIC	(1)	WAS PERI	FORMED		No	IN CERTIFYING C	AUSES OF DEATH?		
C	OR CONTRIBU	TING CAUSE OF	21 B.	PLACE OF INJURY (e.g., i	n or about 21 C. WHERE	DID (If in Boltim	ore City, give exact location)		
CAL	DEATH (notify	medical examiner	etc.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
0	21 D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW D	DID INJURY OCCUR?			
ME	(APPROX.)		Whi	le At Not While At Work					
	22. I certify	that (A) (this hospital) ottended th	ne deceosed from	June 3,	19 65 to J	anuary 27 19 66		
		lost saw the decease			19 66	and that in (My) (our) o	pinion deoth occurred on the dot		
			No. in	(We) (did) (did Not)					
	23A. SIGNATU)			238, DATE SIGNED		
			N	7 M.D. Atte	ending Med.	Stoff Phys.	January 28, 1966		
	23C, PHYSICIA	N'S	the		23D. ADDRESS				
	NAME (T	UNG E. CHUN		M.D.	v. A. Hosp	ital, Baltimor	e, Im. SISIO		
24A	BURIAL CRE	MATION, 248. DATE	24C. N.A	ME of CEMETERY OF CR	EMATORY	24D. LOCATION	City, town, or county) (State)		
	REMOVAL (S	0/2/0	6 11	g National		Bowenly Ma	y Jersey		
25A	Burlal . DATE REC'D	BY HEALTH DEPT.	25B. NAME 0	S. National FREGISTRAR	25C FUNERAL DI		ADDRESS		
1	JAN 28	1966 00 0 . 8	2 300	WAR G	O Allie	Johnson 8521	Loch Raven Bl.		
VS	150-REV. 1/1/6	5	Time V at Production		11000 200 0	JULIE OJEL	TO OIL MOVE CIL DIE		

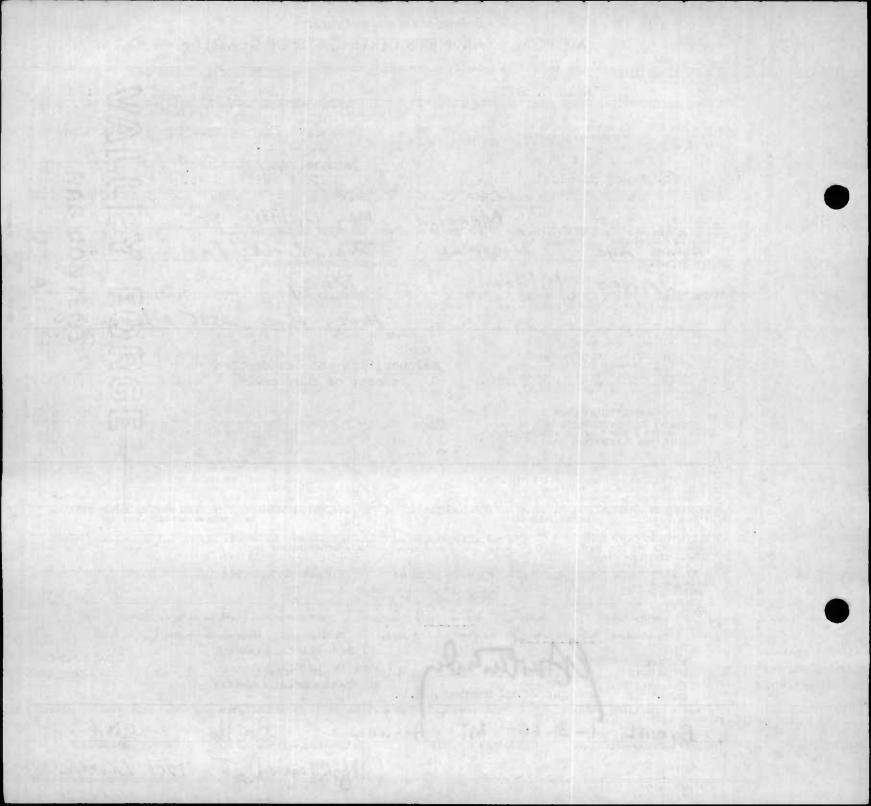
Parago dieda, bales seen, Mareletonouch, educate ..

66 00937 BALTIMORE CITY HEA	ALTH DEPARTMENT
BIRTH NO. MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print) LILLIE L. POPE	January 27, 1966 6:10 A _M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission A. STATE B. COUNTY
ALL MANAGES AND MANAGEMENT OF	Maryland 20-0
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Baltimore
	D. STREET ADDRESS (If rurol, give location)
St. Agnes Hospital	129 S. Willard St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs lost birthday) Months, Doys : Hours , Min.
female negro MARRIED	MAG 12, 1931 34
10A. USUAL OCCUPATION (Give kind of work) 0B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired) Hosp taL	STONEL Creek, VA WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES Milton	MARK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	11 0
	HENRY Pope 2515 W. Lombard SI.
118. / 7 / X I	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO	crition and dehydration
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ancer of the cervix
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
<u>P</u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 178. CONDITION FOR WHICH OPERATION WAS PERFORMED	
DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	no
Z1A, EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- STEER, PLACE OF INJURY (e.g. home, form, foctory, street, form,	., in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.	
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	T WHILE [
22.	WORK L
I certify that I held on Inquiry Inspection X	utopsy and that on this basis, death in my opinion
resulted from: Notural couses Accident Suic	ide Homicide Undetermined monner
/// 0.00	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MYCHAUM M.	ASSISTANT MEDICAL EXAMINER [X]
EVAMINED'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Rudiger Breitenecker, M.D.	
23A. BURIAL CREMATION, 3B. DATE 23C. NAME of CEMETER	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
DEALOVAL (Society)	
REMOVAL (Specify)	wen BAND. Md.

VS 151-REV. 1/1/65

MORJON, + DIDIT

1701 LAUrens ST.



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	- 70/00	BALTIMORE CITY	HEALTH DEPARTMENT		
- 11	BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	95 111938
	I. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
	(Type or Print) MARY Coo.	PER	JA	V 25-19	
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceosed lived. If instit TY	ution: residence before odmission)
	FULL NAME OF (If not in hospital or institut oddress or location) INSTITUTION	ion, give street	C. CITY OR TOWN (If out	side city limits, write RUR	AL ond give township)
	0 2115 PARK	Ave	D. STREET ADDRESS	RO Turol, give location) ORK AVE	•
		RIED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH 3-30-1885 11. BIRTHPLACE (State or force)	80	f Under 1 Yr. If Under 24 Hrs. Norths Doys Hours Min.
	done during most of working life, even it retired)	ome	BA 140. 1	W.	WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
	15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	16. SOCIAL SECURITY NO.	Ruth Bailey	2115 PA	ADDRESS KAVR
	18. 422,11	CAUSE O	F DEATH	0 .	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) U	very 5	cle 204/9	7
	(This does nat mean the made of dying, heart failure, asthenia, etc. It means the dise injury or camplication which coused death.) ANTECEDENT CAUSES		ldRtH	emifile	gia ?
	DISEASES OR CONDITIONS, if any, gi rise to the above cause (A) stating UNDERLYING CONDITION lost.	ving (c)	rdio Va	sculor	7
	Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE			
	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINING CAUSE	DINGS CONSIDERED S OF DEATH?
	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
	21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While Work Not Work		URY OCCUR?	11
	22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive	on Jen 20	190 A ond the		n deoth occurred on the dot
	ond hour ond from the couses stoted obov	la de la	ending Med.	Stoff Phys.	B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	rusm M.D.	403 M	edasts	By
	BURIAL 1-28-66		burn B	A Ho.	town, of county) (Stote)
- 11	ZOO. DOTE REG D BI HEALIN DEFT. (238. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS

25C. FUNERAL DIRECTOR

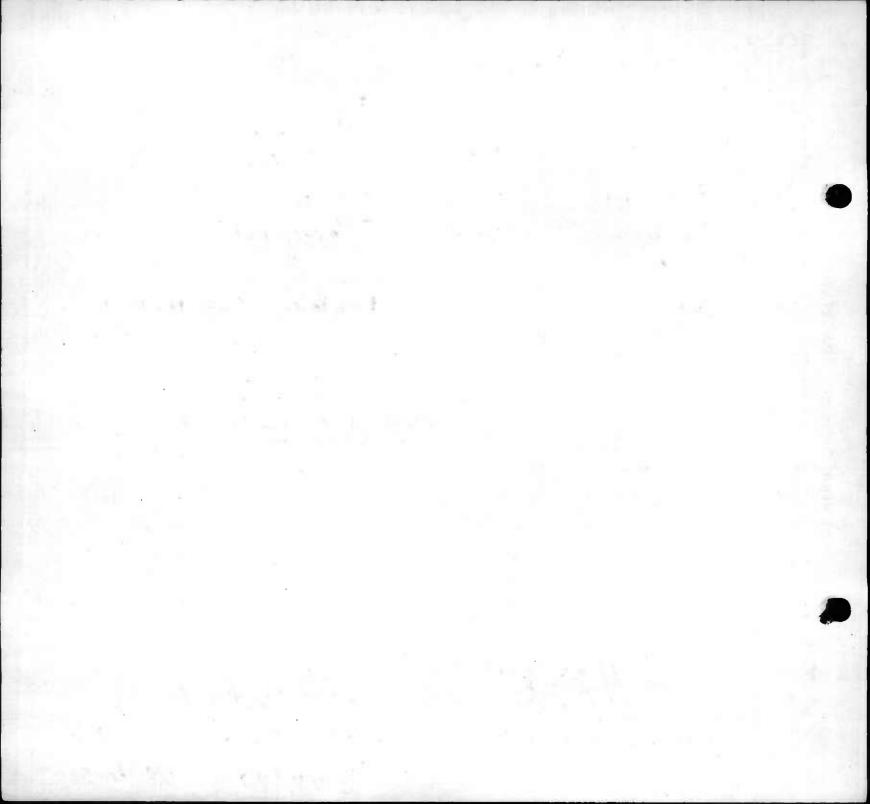
25B. NAME OF REGISTRAR

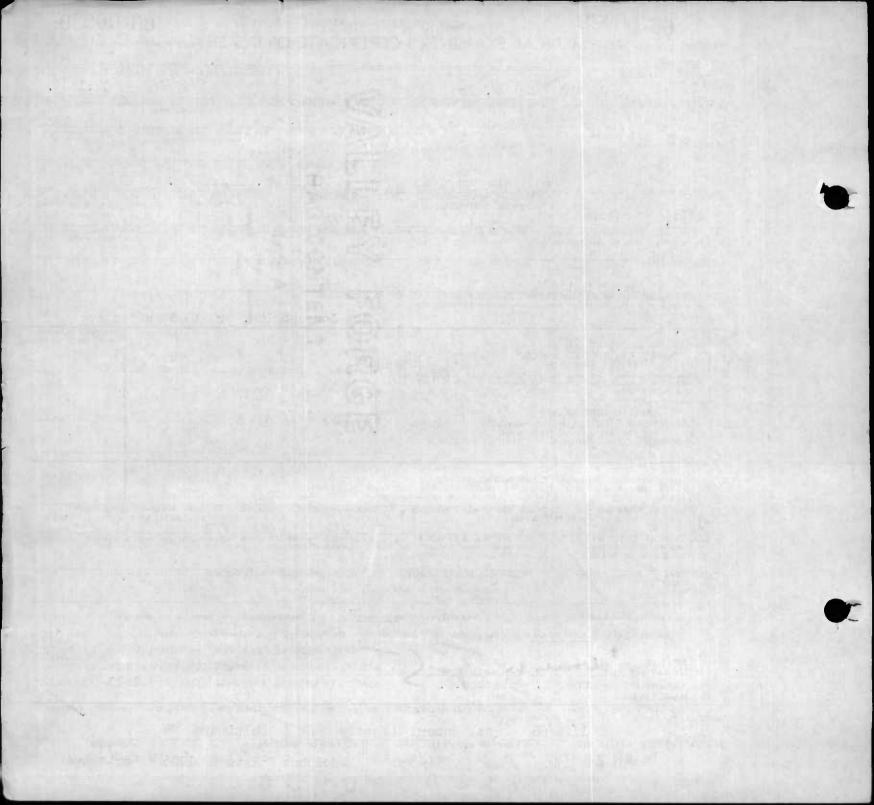
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VS 150-REV, 1/1/65

ADDRESS

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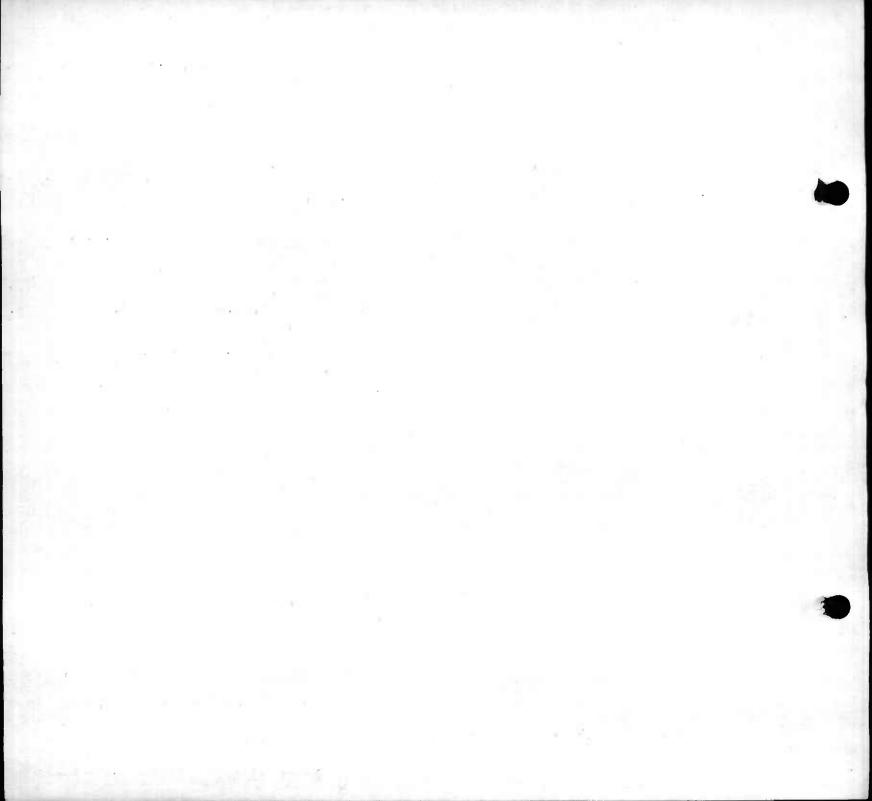
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FUNERAL DIRECTOR: IMPORTANT	pproved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the ; and (6) No physician was in regular attendance on the deceased prior to death. Such a obtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
*	nis do no
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed of final disposition is made.

VS 150-REV. 1/1/65

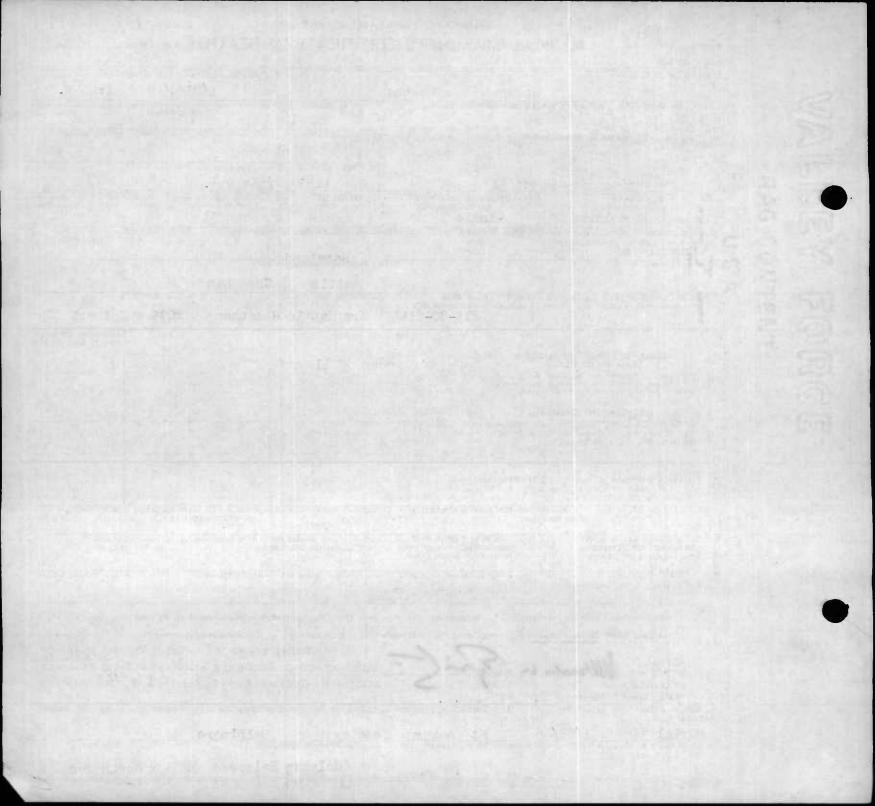
				BALTIMORE CITY	HEALTH DEPAR	TMENT		CC 00010	
		00940		CERTIFICA	TE OF DE	ATH	Registered Na.	66 00940	
	AME OF DEC	EASED				DATE	AND HOUR OF DEATH		
(Тур	e or Print)	Willi	am Bro	wn		J:	anuary 21, 1	966 1 1	:05p A
3, P	LACE OF DE.	ATH IN BALTIMORE, MA			4. USUAL RESIDI	B. COL	here deceased lived. If in	stitution; residence before	odmission
1	ULL NAME OF	OF (If not in hospital oddress or location	or institution	, give street	C. CITY OR TOW	Ma N (If	ryland outside city limits, write	RURAL ond give township	1)
j	143111011014	Providen	t Hosp	ital		Ba	ltimore		
4		1514 Div			D. STREET ADOR	ESS (If rurol, give location)		
				yland 21217	102	7 N.	Calhoun Str	reet	
, s	EX	6. RACE	7. MARRIE	D, NEVER MARRIED	B. OATE OF BIRTH		9. AGE (In years		der 24 Hrs
	Male	Negro	-	ED, DIVORCED (specify) NOWN	Dec. 25,	1012	lost birthdoy)	Months Days Hours	Min.
σÀ	USUAL OCC	UPATION (Give kind of wor		OF BUSINESS OR INDUSTRY				12. CITIZEN OF	
one		working file, even if retired)						WHAT COUNTRY?	
2		nown	un	known	Virg	inia	A A A S	U.S.A.	
J.	FATHER'S NA				- MOINERS M	VINEW W	AME	4	
	1	unknown			unk	nown			
5. 1	Was Occeased	Ever in U. S. Armed Fo	rces?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,	00 01 00/1100/	SECORITI NO.	W-27	D	T	907 N C:1	0
_	1B.			CAUSE O		DI'OW.	n, Jrson	807 N. Gilm	
	rise la lh	OR CONDITIONS, if e abave cause (A) G CONDITION last.		9			ulmonary		
ATION	TO THE D	IFICANT CONDITIONS (DEATH BUT NOT REL CONDITION CAUSING	ATED TO 1	NG THE					
ERTIFIC	19A. DATE OF	F OPERATION 198. CON WAS PER		WHICH OPERATION		Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
AL C	21 A. ACCIDE OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner	2 he et	1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of ic.)	n or obout 21 C. WH	ERE DID OCCUR?	(If in Boltimore	e City, give exact location	n)
2.5	21D. TIME OF INJURY	(Month) (Doy) (Year)		E. INJURY OCCURRED		W DID II	NJURY OCCUR?		
Σ	(APPROX)			While At Not While At Work	е				
	22. Learnis.	that (1) (this hasnita	1	the deceased from D	ecember 1	3.	19 65 to Je	anuary 21,	10 66
				January 21					
								nian death accurred a	n the do
			ited above.	(I) (We) (did) (did nat) v	iew the bady aft	er death	1.		
	23A. SIGNATI	URE L	11	1				23 B. DATE SIGNED	
		X-1 Mas	bort	M.D. Atte	ending X Me	ector	Stoff Phys.	January 21	, 196
	23C. PHYSICIA	AN'S	+		23D. ADDRESS		<u> </u>		
	NAME (Roger Th	eodore	M.D.	1415 Divi	sion	St Balti	imore 17, Ma	rvlar
14.4	RIIDIAL COS			NAME OF CEMETERY OF CRI					
- 40 PA	REMOVAL	Specify) 24B. DATE	240.	TA CEMETERS OF CRI	MAIURT	240.	LO CATION (C	ity, town, or county)	(Stote)
	Burial	1/29/6	66 M	t Auburn Cem	etry	I	Baltimore Md		
25A		BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL			ADDRESS	

1206 W North Ave

Adomphus Halstead



	66 00011		BALTIMORE CITY HEAD		OF DEATH B	66 00911
BIRTH NO.		ICAL EX	CAMINER'S C	EKTIFICATE	OF DEATH Regist	rered Na
M.E. CASE NO				12.1	DATE AND HOUR PRONOUN	CED DEAD
(Type or Print)		Uomane	Cheatha		1/23/6	
2 DIACE IN B	ALTIMORE MARYLAND,	Horace			1	stitution: residence befare admission
3. 12.402 111 0	ALTIMONE MARIENTO,	WITERE TROTTO	SINGLE BLAD	A. STATE Mary	B. CC	NUNTY
FULL NAME O	OF (IF NOT IN HOSPI	TAL OR INSTITU	JTION, GIVE STREET		(If outside carparate limits, wr	ite RURAL and give tawnship)
INSTITUTION	ADDRESS OR LOC	AHON				17-02-
6/					ltimore (If rural, give location)	11-0-
X	77 1	77 1 1 - 7		11		
r erv	University 6. RACE		ALCUCE ALADRICE		Myrtle Ave.	- IK II-d 1 V. IK II-d 04 M-
s. sex male	colored	WIDOWED,	NEVER MARRIED DIVORCED(specify) ngle	8. DATE OF BIRTH	lost birthday)	If Under 1 Yr. If Under 24 Hr Manths Days Haurs Min.
	CCUPATION (Give kind of wo		9	11. BIRTHPLACE (Stat		12- CITIZEN OF
	t of working life, even if retired ployed)				WHAT COUNTRY?
3. FATHER'S N				14. MOTHER'S MAID	NAME .	
					4.5	
S WAS DECE	ASED EVER IN U.S. ARMI	D FORCES?	? 116. SOCIAL	Mattie	Cheatham	ADDRESS
	awn) (If yes, give war ar do		SECURITY NO.			
			215-30-8544	Mrs Matti	e Cheatham 20	035 N Calbert St
RISE TO UN DER OTHER TO THE DISEAS	ES OR CONDITIONS, IF THE ABOVE CAUSE (A) LYING CONDITION LAST II SIGNIFICANT CONDITION IE DEATH BUT NOT R E OR CONDITION CAUSIN OF OPERATION [198, CC	STATING THE		20A. AUTOPSY? (Y.	es or No) 20B. IF YES, WERE	FINDINGS CONSIDERED
0 2		RFORMED		yes	IN CERTIFYING CA	USES OF DEATH?
O UNDERLYII	RNAL CAUSE WAS NG OR CONTRIB- CAUSE OF DEATH. (Month) (Day) (Ye	hame etc.)	PLACE OF INJURY (e.g., farm, factory, street,	office bldg., INJURY O	RE DID (If in Baltimore City,	
OF INJURY (APPROX.)				WHILE	SIS INJUNI GEESK.	
ACT SIGN EXA	ATURE WWW.		Accident Suicid	Hamicide CHIEF MEDI ASSISTANT MEDI	Undetermined man	, <u></u>
23A. BURIAL REMOVAL (Sp	ecify)		C. NAME OF CEMETERY	CREMATORY	23D. LOCATION (Ci	ty, tawn, ar county) (State)
Buria				Cemetry	Baltimore M	
24A. DATE RE	C'D BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNERAL	DIRECTOR	ADDRESS
			6 5 5	Adolphu	is Halstead 120	6 W North Ave
VS 151-REV.	1/1/65	7				



MEDICAL

and

a hospital

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		66	009	42			HEALTH DEPART		6	6 0094	2
	H NO.				C	ERTIFICA	TE OF DEA	ATH	Registered Na.	- 1 () E	
	AME OF DECE	ASED					12	DATE AL	ND HOUR OF DEATH	A .	
(Тур	e or Print)			ymond	Guy	Clem		28 AM	1/26/60	e wes.	2.08 Am.
3. F	LACE OF DEAT	H IN BALTIA	MORE, MAR	YLAND			4. USUAL RESIDEN	B. COU	ere deceased liyed. If in	stitution; residence t	before admission)
1 3			ore Ci astern	ty Hos Avenu	e		Marylan c. City or fown Baltimo D. Street Addres 1154 Wa	(If ou	rurol, give location)	URAL ond give tov	vnship)
5. S		White		7. MARRIE W100	D, NEVER A	AARRIED CED (specify)	7-20-1895	;	9. AGE (In years lost birthdoy) 7		If Under 24 Hrs. Hours Min.
don	during most of work	orking life, eve				S OR INDUSTRY	Maryland	1,1	Deperick Co	12. CITIZEN OF WHAT COUNTY	NTRY?
13.	FATHERS NAM					,	14. MOTHERS MA			-	
		Cha	rles-d	ecease	ed CZ	- em	Convy break)	Ann	a Mary -dece	ased CA	Hep
	Wos Deceased Is, no or unknown)					3248	INFORMAN I	436	GARPEN RO 40 Eastern A	RILLOAD	·B · B · H 21221/2/12
		sthenia, etc.	DEATH made af II means	dying, e.g		CAUSE O	2	in a	Embolin		L BÉTWEEN AND DEATH
		NTECEDENT				(B)	*****	, 			
	DISEASES OF	abave co	use (A)			(C)					
ATION	OTHER SIGNIFI TO THE DE DISEASE OR C	ATH BUT	NOT RELA	TED TO		ere Ch	onie Lur	vg a	Discuse	Unkn	rown
ERTIFIC	19A. DATE OF		WAS PERF	ORMED	WHICH O		20 A. AUTOPSY? (IN CERTIFYING CAL		ERED
U	21A. ACCIDENT	WAS UND	ERLYING -	2	B. PLACE C	F INJURY (e.g., i	n or obout 21 C. WHE	RE DID	(If in Boltimore	City, give exact la	ocotion)

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner)

21D. TIME OF INJURY (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED While At Not While (APPROX.) At Work Work

21F. HOW DID INJURY OCCUR?

22. 1 certify that (1) (this hospital) attended the deceased ast saw

19 60 that in my (aur) apinion death accurred on the date

23B, DATE SIGNED

and have and from the causes stated abave. (11) (We) (did not) view the bady after death. 23A. SIGNATURE

Wan Mela, M.O.	A.D. Attending Phys.
PHYSICIAN'S	23D. ADDRESS
NAME (Type)	4740
1 5 + 11/2016	M.D. // 1 /-

Med. Director Stoff Phys.

Avenue, Baltimoré

24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY

25B. NAME OF REGISTRAR

FUNERAL DIRECTOR

VS 150-REV. 1/1/65

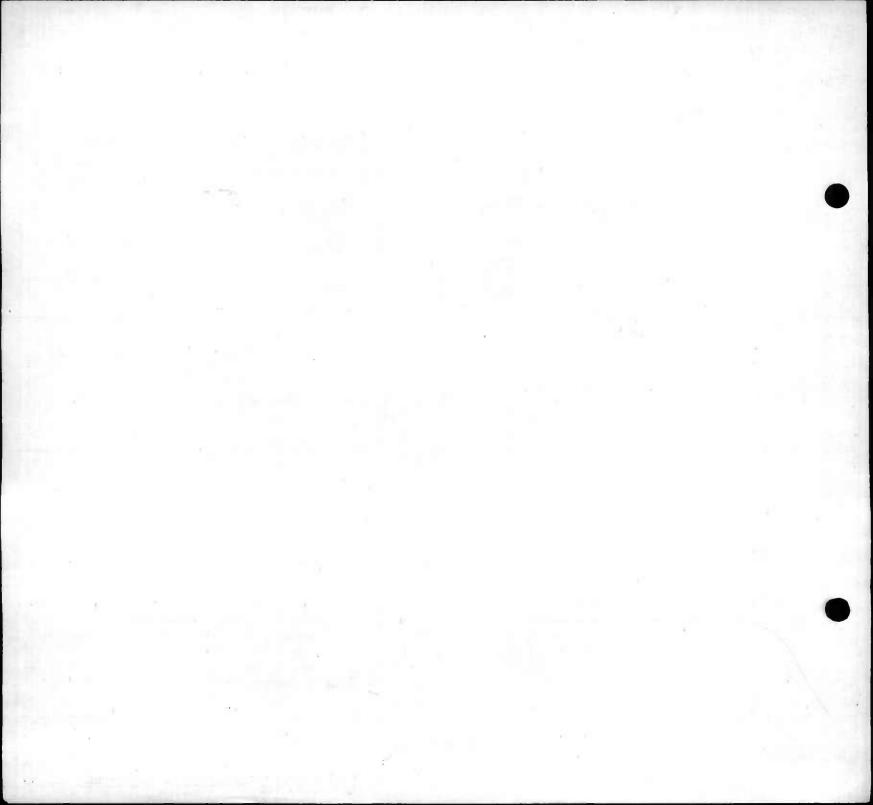
BY HEALTH DEPT.

Some home fing listner all K. Dwant (decker) LAFFERING C. T. St. R Stump 11 cek 5

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CIT	Y HEALTH DEPARTMENT		
MRTH NO. M.E. CASE NO. 66 0094	3 CERTIFICA	ATE OF DEATH		36 00943
1. NAME OF DECEASED (Type or Print)		2. DATE A	ND HOUR OF DEATH	
David S 3. PLACE OF DEATH IN BALTIMORE MA		Jan	uary 25, 19	66 6:
3. PLACE OF DEATH IN BALTIMORE, MA	RICAND	A. STATE B. COU	NTY	nstitution: residence before di
	or institution, give street	Maryl		14-
HOSPITAL OR oddress or locotion Provident		C. CITY OR TOWN (If o		RURAL ond 'give township'
	sion Street	D. STREET ADDRESS (MORE I rutol, give location)	
l' /	, Maryland 21217			o.+
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years 55	If Under 1 Yr. If Unde
Male Negro	widowed, divorced (specify) unknown	unknown	lost birthdoyl 33	Months Doys Hours
10A. USUAL OCCUPATION (Give kind of work			reign Country	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	1107500110			unknown
UNKNOWN 13. FATHER'S NAME	unknown	14. MOTHER'S MAIDEN N	AME	CHETTOWIT
I when or in		1		
unknown 15. Was Deceased Ever in U. S. Armed For	es? 16. SOCIAL	unknown		ADDRESS
(Yes, no or unknown) (II yes, give wor or dote	s of service) SECURITY NO.	Mrs. Regina W	2	33-3664
			alker-siste	
18.450,01	CAUSE	OF DEATH		ONSET AND DE
DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION lost.		***************************************		
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I		nutrition and	dehydration	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CON WAS PERI		no	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	office bldg. 21C. WHERE DID	(II in Boltimor	re City, give exoct locotion)
21 D. TIME (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID IN	HURY OCCUR?	
OF INJURY (APPROX)	While At Not WI	nile		
22. I certify that (I) (this hospital			19 66 ta Ja	inuary 25, 19
that (I) (we) last saw the decease				
and have and from the causes stat				decoiled un
23A. SIGNATURE	an andre. (i) (iie) (did) (did hat)	view the body after death	•	23 B, DATE SIGNED
	M.D. A	ttending Med.	Stolf	
23 C. PHYSI CIAN'S	Pl	23D. ADDRESS	Phys. L	January 25,
NAME (Type)	3	-	0	
Andre Ri	guad	1 1514 Division	StBaltin	ore 17. Mary
		1		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C, NAME of CEMETERY OF C	1		ity, town, or county)
24A. BURIAL CREMATION, 24B. DATE		1	A County	City, town, or county)

ial 1/27/66
RECT BY HEALTH DEPT. Burial Mt Calvary
258, NAME OF REGISTRAR Cemetry A County ADDRESS 1966 Adolphus Halstead 1206 W North Ave VS 150-REV. 1/1/65



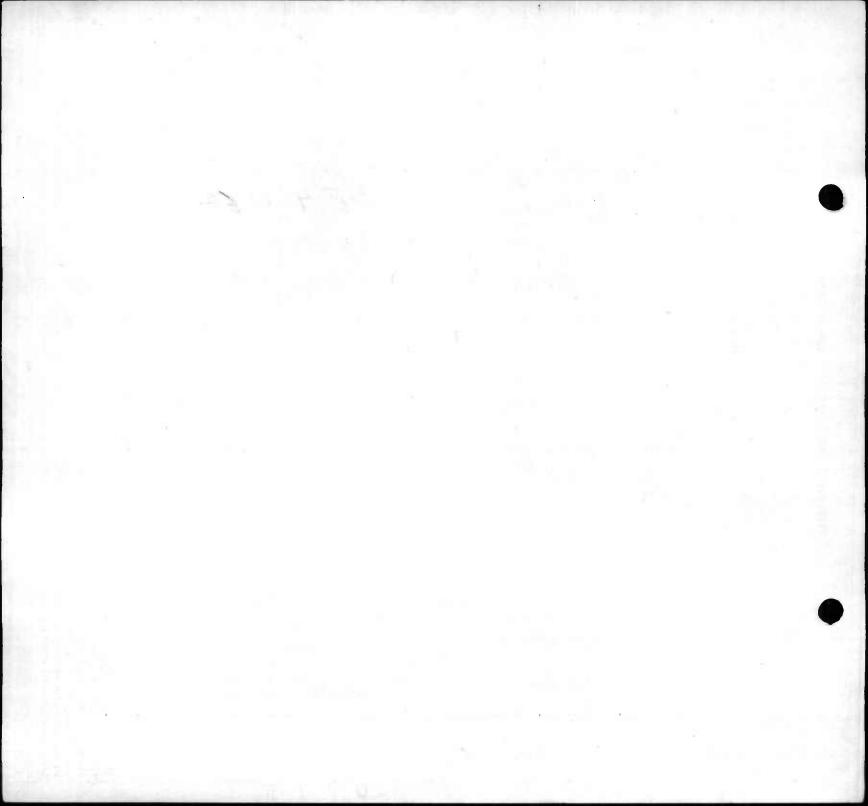
VS 150-REV. 1/1/65

			BALTIMORE CITY	HEALTH DEPARTMENT		
	BIRT	TH NO. E CASE NO. 66 0094	A CERTIFICA	TE OF DEATH	Registered No.	3 00944
		AME OF DECEASED	1.1		HOUR OF DEATH	
	(Тур	MAGGIE	Hohmes	JAN	125. 1966	2 P. M M
	3. P	PLACE OF DEATH IN BALTMORE MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT		tien: residence before edmissien)
	-	FULL NAME OF (If nel in hespital er instituti HOSPITAL OR address ar lacotian) NSTITUTION	ien, give street	C. CITY OR TOWN (III dus	LAND ide city limits, write RUR	AL end give tewnship)
Ä	-0		CT.	BALTO	more	5-12
	0	1608 Appelton	21	1608 A	prol, give beetion)	Sr.
200	5. S		NED, NEVER MARRIED	B. DATE OF BIRTH	NACE (In years If M	Under 1 Yr. If Under 24 Hrs. anths Deys Haurs Min.
2	104	USUAL OCCUPATION (Give kind of werk 108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country) 12	2. CITIZEN OF
0110		o during most of working life, even if relired) HOUSE WIFE FATHERS NAME	None	TACKS NU	He, MA.	MAT COUNTRY?
oden		Henry Swa.	N	ELizebet	L Swa,	'n
5	15. \ {Yes	Was Deceased Ever in V. S. Armed Ferces? s, na ar unknawn) (If yes, give war ar dates af servi	SECURITY NO.	17. INFORMANT	/1	ADDRESS
		No		WArren	HILMES	SAME
5		18. 287X	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
3		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	100	ron and Opp	Out ni	Sweet An
		(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO	The state of the s	. /	
		injury ar camplication which caused death.)	del	41 Touris Co	adia lhe enter	De Hukmen
0		ANTECEDENT CAUSES	DUE TO	DD :	and my water	w. from thems
5		DISEASES OR CONDITIONS, if eny, giverise to the above cause (A) stelling		Desity		Mulewar
2		UNDERLYING CONDITION last.		,/	**************************************	
	TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO				
	CERTIFICATION	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes ar Na)	20B. IF YES, WERE FIND	DINGS CONSIDERED S OF DEATH?
TOTE		21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in heme, ferm, factory, street, ef	n ar about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimare Cit	ty, give exact lecation)
2	ICA	DEATH (netify medical examiner)	etc.)			
2011	MEDIC	21D. TIME (Menth) (Dey) (Year) (Haur) OF INJURY (APPROX.)	While At Not While Work At Work	21F. HOW DID INJÜ	RY OCCUR?	
		22. I certify that (1) (this hospital) attende	ed the deceosed fram	Jan. 19	60 10 Ja	M.25, 1966
		that (I) (we) last saw the deceased alive	on /au 24			death occurred on the date
-		and hour and from the couses stated above	e. (I) (We) (did) (did nat) v	iew the body after death.		
		23A. SIGNATURE				B. DATE SIGNED
3		Mchara H. Huy	Phy:	s. Director F	hy s.	1/26/66
		23C. PHYSTCIAN'S NAME (Type)	/	23D. ADDRESS	1.11	BAR M
1	24A	BURIAL CREMATION, 24B. DATE 240	C. NAME of CEMETERY of CRE	MATORY 24D, LO	CATION (CATION	Out Ma
		REMOVAL (Specify)	mata 1	1 A	2 OA	awn, ar ceunty) (State)
	25A	DATE REC'D BY HEALTH DEPT. 25B. NAM	ME OF REGISTRAR	25C. EUNERAL DIRECTOR	KLEW)	ADDRESS
		A . A 9	F. 27 m. 2	0/1/	. 1	

Atolanda Suntin

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

	66 00915	BALTIMORE CITY	HEALTH DEPARTMENT		
	H NO.	CERTIFICA	TE OF DEATH	Registered Na	66 DU945
1. N	AME OF DECEASED MARY TOUR	(P.	2. DATE AND	26-66	3: 40 P.M.
3. 1	PLACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (Where		stitution: residence before admission)
	FULL NAME OF (II not in haspital or institution, give oddress or locotion) NSTITUTION	street	c. CITY OR TOWN fill autsi	a nd de city limits, write R	URAL and give towns(fip)
3			D. STREET ADDRESS (IF roll	MOTE	2/230
3	South Boltimore Gene	ral Hosp	7/3 So	· Hanov	er St.
5. 3	F. NEgro. M	VORCED (specify)	Sept. 4-1903	AGE (In years st birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
	USUAL OCCUPATION (Give Kind of work 108, KIND OF BU!	SINESS OR INDUSTRY	11. BIRTHPLACE State or foreign	n Contry)	12. CITIZEN OF WHAT COUNTRY2
	Unem	ployed	Sept 4-		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	Ε	
	Tunews thelly		assul Carri	per	
15. (Ye:	Was Deceased Ever in U. S. Armed Farces? s,no or unknaymill yes, give war ar dates af service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	nı		Venuce &	00	Dance
	18.4-2011	CAUSE O	F DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	AC	GTE M. T.		2 HULRES
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	DUE TD		. + 11	
	ANTECEDENT CAUSES	(B) /+ /2	TKN105CLKNOHUDIO VUISCOL	69-64	1/CANS
	DISEASES OR CONDITIONS, if any, giving	DOE ID	4 KDIO U-IC	- 1569	
	rise Ia Ihe abave cause (A) stating Ihe UNDERLYING CONDITION last.	(C)		WS CON SER OF SER SERVICE OF SERVER SERVER	
ATION	DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHITE	CH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
CAL CE	21A. A CCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (natify medical examine) 21B. PLA	CE OF INJURY (e.g., i orm, factory, street, a	n ar obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact lacation)
MEDIC	21D. TIME (Manth) (Day) (Year) (Haur) 21E, IN.	IURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
2	(APPROX.) While A	Nat Whi)			1
	22. I certify that (1) (this haspital) attended the d	leceosed fram	1-26- 19	66 to /	-26 1966
	that (1) (we) last saw the deceased alive an	1-76-6	19 66 ond that	in (my) (our) opin	nion deoth occurred on the date
	ond haur and fram the causes stated above. (1) (W	(e) (did) (did nat) v	view the bady after death.		
	23A. SIGNATURE				23B. DATE SIGNED
	Celler & Hoffmen	Phy	s. Director P	hy s.	1/26/66
	23C.PHYSICIAN'S NAME (Type)		South Baltimore	General Ho	ospital
24/	Dr. Edward S. Hoffman BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME	M.D.	1213 Light Stre	et Baltimo	-
254	Burial 1-31-66 net	ahay (125C FUNERAL DIRECTOR	norklyn	ADDRESS
		keaper /	Charleto 11)	Consison	Brownterling
VS	150-REV. 1/1/65		09/11	-1070	y and a series of the



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25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

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accident of any nature; (2) Body

the body was released shows: (1) An accident

to the hospital

BALTIMORE CITY HEALTH DEPARTMENT Registered No ._ BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH ppard (Type or Print) Jan. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write RURAL 1946 Annapolis Road D. STREET ADDRESS (If rurol, give location) 46 Annapolis Road disposition is made. If Under 1 Yr. Months: Doys 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX WIDOWED, DIVORCED (specify) lost birthday married male 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Virginia Iruck Uriver 13. FATHER'S NAME ppard Marvin 15. Was Deceased Ever in U. S. Anned Forces ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Yes W W 2 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury or camplication which caused death.) (B) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the UNDERLYING CONDITION last, 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. CERTIFIC 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner MEOIC (Month) (Doy) (Year) (Hout) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While [(APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceases that (1) (we) lost sow the deceased alive an ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (did (did not) view the body ofter death. 23A. SIGNATURE 23B, DATE SIGNED Attending X Med. Stoff M.D. Phys. Director approval 23C. PHYSICIAN'S NAME (Type) 23D, ADDRESS 24A. BURIAL CREMATION, 24D. LOCATION REMOVAL (Specify) Parkwood Cemetery Baltimore, Md. Burial 1/31/66.

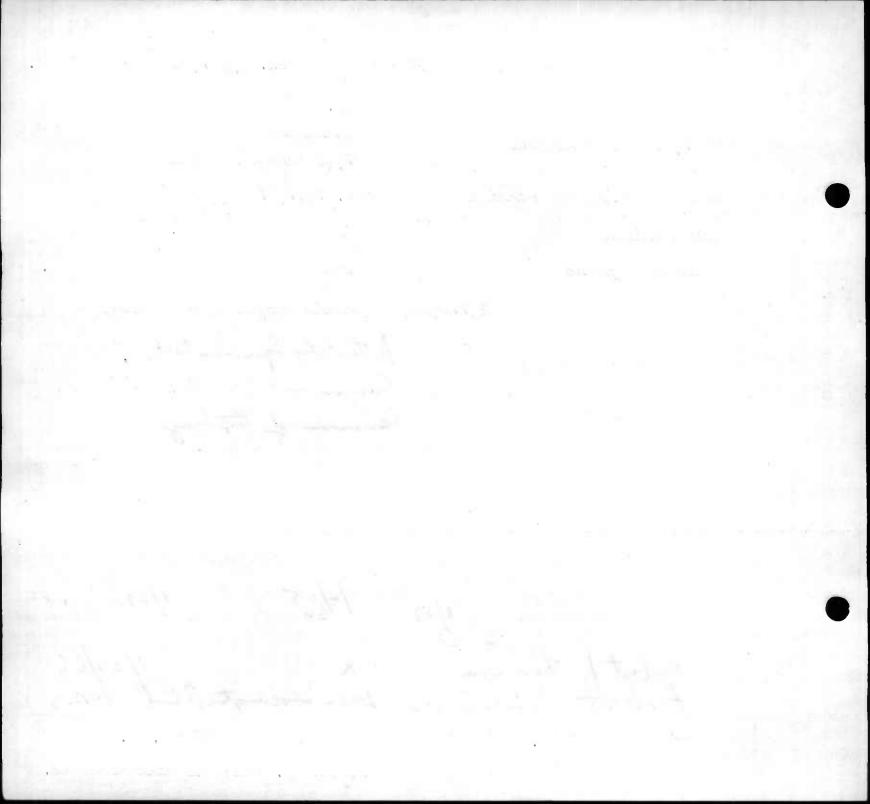
258, NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

If Under 24 Hrs.

Hours

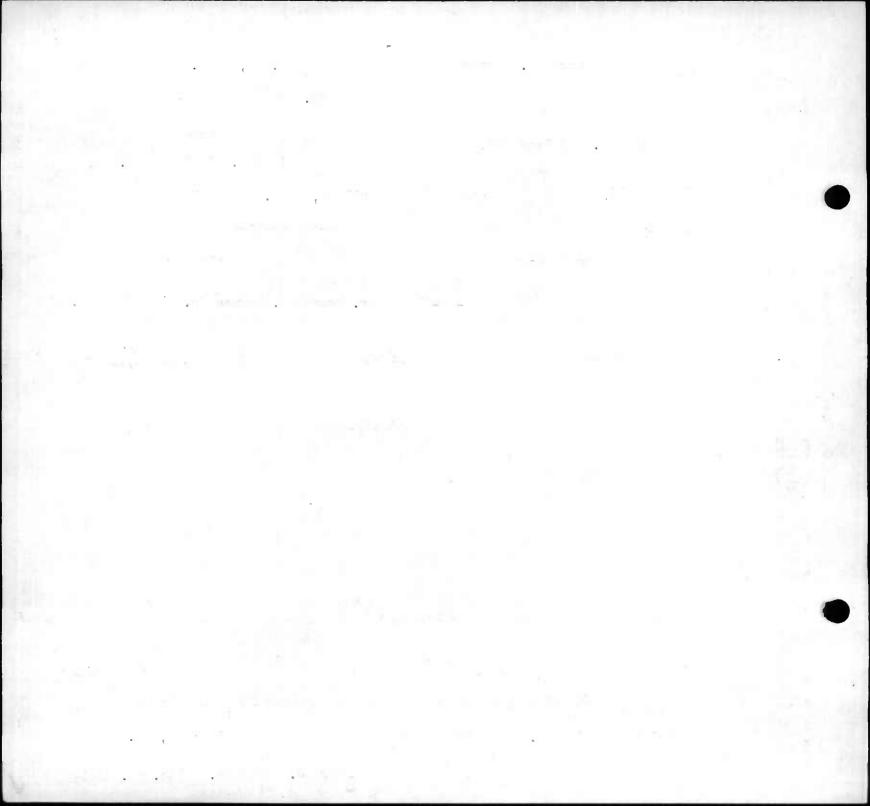
ADDRESS



	=	sed to the hospital by a medical examiner. Also, if the direct or contributing cause of dec	eds	no.	Š	
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	this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital a	he body was releas	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceas	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on t	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. St	written approval must be obtained before the remains are embalmed or final disposition is made.
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	ific	3	1) A	A.	dp	ddb
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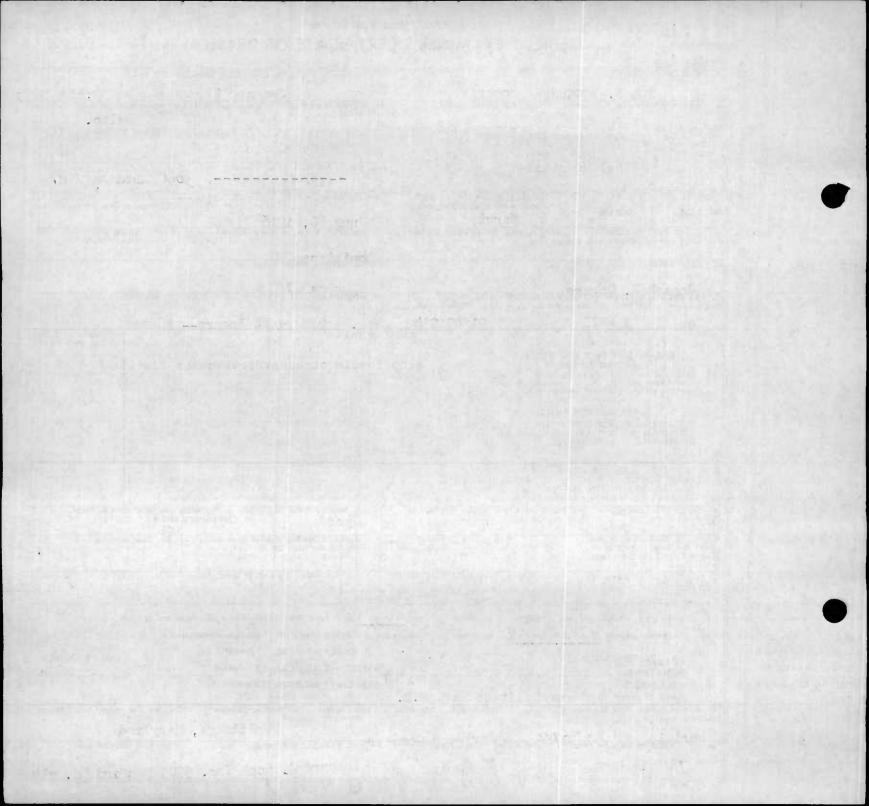
BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Laura E. Bowman Jan. 27, 1966. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND B. COUNTY A. STATE FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore 1005 S. Highland Ave. D. STREET ADDRESS (If rural, give location) 1005 S. Highland Ave. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. WIDOWED, DIVORCED (specify) Hours Female White April 29, 1895. Widow 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Own Home North Carolina Housewife 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Lulu Warner Howard Short 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS SECURITY NO. 0-44-7436 (Yes, no or unknown) (If yes, give wor or dates of service) Mr. Howard R. Bowman Sr. 8401 Glen Rd. #34 No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ERTENSION LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl failure, asthenia, etc. It means the diseose, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving IAPSETES rise to the above cause (A) stoling the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examined elc. MEDI (Month) (Doy) (Year) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While ((APPROX.) At Work ospital (excelledath); and must be obtain Work 22. I certify that (1) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive on. and haur and from the causes stated above. (1) (We) (did) (did not) view the body after deoth. must 23A, SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. approval Director 23 D. ADDRESS 23C. PHYSICIAN'S NAME (Type)

and that in (my) (our) apinion death accurred an the date 24A. BURIAL CREMATION, 24B (City, town, or county) REMOVAL (Specify)
Burial Parkwood Cemetery Baltimore. Md. 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS egnard J. Ruck Inc. Balto. Md. 21214 VS 150-REV, 1/1/65



(%)	111318		BALTIMORE CITY HE	ALTH DEPARTMENT	X	66 0 9	18	
BIRTH NO.		ICAL EX	AMINER'S	CERTIFICATE	OF DEATH Reg			
M.E. CASE NO.								
1. NAME OF DI	ECEASED			2. DATE AND HOUR PRONOUNCED DEAD				
	ROY J. ROGERS (Roger)			January 27, 1966 9:25 A M				
3. PLACE IN BA	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			(Where deceased lived, If	institution: residence bet	fore odmission		
FULL NAME OF	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)			Maryl		Balto.		
HOSPITAL OR	ADDRESS OR LOC	(NOITA			If outside corporate limits,	write KUKAL and give k	o wn s hip)	
Vo	Sinai Hospital			D. STREET ADDRESS (If much give location)				
1				-1905-En-30th-St. 360 Academy Rd.				
5. SEX ///	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye	eors If Under 1 Yr. If	Under 24 Hrs	
white	male	Marr	DIVORCED (specify)	Trump 20 4	lost birthdox	Months, Doys	Tours Min.	
TOA, USUAL OCC	CUPATION (Give kind of wor			June 20, 1	or foreign country)	12. CITIZEN OF	1	
	f working life, even if retired)					WHAT COUN	TRY?	
13. FATHER'S NA	AA F			I ANTHERS MAIDE	N N A A A E	USA		
13. FAIRER 3 NA	WV L			14. MOTHER'S MAIDEN NAME				
Josep	H X ROGERS			Eugene 3				
Yes, no or unknow	SED EVER IN 9.5. ARM EI	es of service)	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS		
Yes	WWII		215095754	Mrs. Fay Mar	v KK Rogers	Same		
18. IL	22.1.		CAU	SE OF DEATH		INTERV	AL BETWEEN	
DISE	DISEASE OR CONDITION DIRECTLY							
	LEADING TO DEAT		Arte	eriosclerotic	cardiovascula	r disease		
(This does	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
injury or c	injury or complication which coused death.)							
	ANTECENDENT CAUS	FS						
DISEASES	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
RISE TO T	THE ABOVE CAUSE (A) STING CONDITION LAST.	TATING THE						
	INO CONDITION LAST.		(C)					
9								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No) 20B. 1F YES, WAS PERFORMED VES IN CERTIFYI								
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE C			WHICH OPERATION	20A. AUTOPSY? (Yes	or No) 208. IF YES, WER	E FINDINGS CONSIDER	FD	
8		RFORMED	THE STEER STORY	yes	IN CERTIFYING	CAUSES OF DEATH?		
21A. EXTERN	AL CAUSE WAS	21B	PLACE OF INJURY (e.d	, in or obout 21C. WHERE		yes		
UNDERLYING	OR CONTRIB-	home, etc.)	, form, foctory, street,	office bldg., INJURY OC	CUR?	7, 9.00 0.000 .000.000		
Z 21D TIME	(Month) (Doy) (Yes	or) (Hour) 2	IE. INJURY OCCURRE	D 21E HOW D	DID INJURY OCCUR?			
OF INJURY	(17101111) (20)				NO MICORI, COOCH			
		m. V	VHILE AT NO	WORK				
22.	ertify that I held on	Inquiev 🗆	Inspection A	Autopsy X and the	t on this basis death	in my oninion		
rest	ulted from: Natural co	ouses X A	ccident			anner		
ACTUAL SIGNATURE DATE SIGN ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGN 1-27-60						DATE	SIGNED	
	NER'S			ASSOCIATE MEDIC		1-2	27-00	
		Breiter	necker, M.D.					
23A. BURIAL CR	REMATION, 23B. DATE		C. NAME of CEMETER		23D. LOCATION	(City, town, or county)	(Stote)	
REMOVAL (Spec	ity)				Baltimore.	Manueland		
Burial 24A. DATE REC	D RY HEALTH 10031/	66 P	arlawood Ceme	tery24C. FUNERAL DI	DEL OTHOLG,	ADDRESS		
1 2 2 2 2	Co too A	THE IMPORT	P M	T TONEKAL DI	RECTOR	ADDKE33		
11 11/1/1	E O COCO AS AS	199 83 8	- VI a. A	T Emanage T	D			

Leonard J. Ruck Inc. 5305 Harford Rd. #14



FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT Registered Na CERTIFICATE OF DEATH BIRTH NO. Such of death (4) Undetermined cause; (5) Deceased M.E. CASE NO. I, NAME OF DECEASED 2. OATE AND HOUR OF CEATH (Type or Print) LO hospital eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) ance A. STATE COUSE HOSPITAL OR hospital or institution, T oddress or location) C. CITY OR TOWN (If autside city limits, write RURAL and give township) attend 0 = prior contributing O. STREET ADDRESS (If rural, give location) regular mad B. DATE OF BIRTH 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 9. AGE (In years last birthday) If Under 24 Hrs. 5. SEX If Under 1 Yr. Months: Ooys 6. RACE deceased Hours 11. BIRTHPLACE (State or foreign country) WILL MARRIED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? death or final disposition done during most at working life, even if retired) = MA 13. FATHERS NAME SDM the assistant if Louise Ruehl death 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor ar dates of service) kind; 7. INFORMANT ADDRESS 6. SOCIAL SECURITY NO attendance No 219-01-5619 any pronounced CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH or his DISEASE OR CONDITION DIRECTLY A So, embalmed of LEADING TO DEATH fracture (This does not meon the mode of dying, e.g., heart failure, osthenio, etc. It meons the diseose, the chief medical examiner regular injury or complication which coused death.) ANTECEDENT CAUSES who OUE TO GLO DISEASES OR CONDITIONS, if ony, 4 (3) to the obove couse (A) stoting the UNDERLYING CONDITION last. physician obtained before the remains medical burns; physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes at No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 8 WAS PERFORMED by 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in at about 21 C. WHERE DID hame, farm, factory, street, office bldg., INJURY OCCUR? 3 (If in Baltimore City, give exact location) where the body was released to the hospital MEDICAL å OEATH (natify medical examiner) etc.) nature; 21 D. TIME (Month) (Doy) (Year) (Haur) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except Not While While At (APPROX.) At Wark Wark and any 22. I certify that # (this hospital) attended the deceased from 19 66 pe that_(1) (we) last saw the deceased alive an. and that in (my) (our) apinion death accurred on the date of death) hospital must and bour and from the causes stated above. (1) (We) (did) (did not) view the body after death. accident 23A. SIGNATURE 238, DATE SIGNED must Attending Phys. Med. Staff 0 Director written approval 0 23C, PHYSICIAN'S 23D. ADDRESS prior This certificate to NAME (Type) An WERG D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased REMOVAL (Specify) 1/29/66. shows: Parkwood Cemetery Baltimore, Md. Burial SD M 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADORESS 25C. FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. Md. 21214 10 VS 150-REV. 1/1/65

V.5

shows:

28 1966 (

258. NAME OF REGISTRAR

25A. DATE REC'D

VS 150-REV. 1/1/65

and

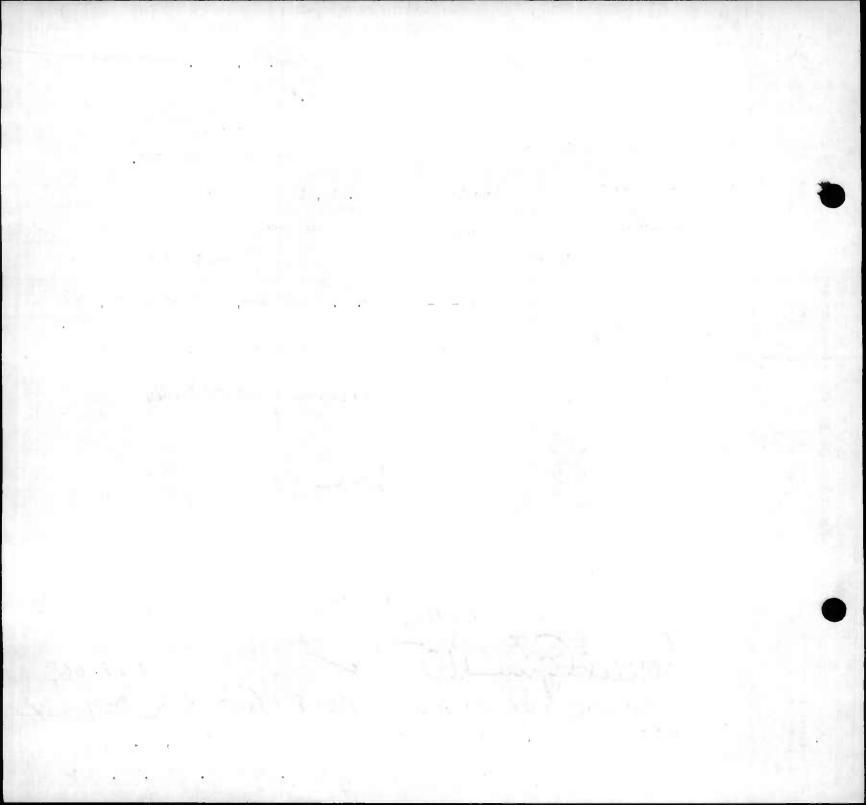
		BALTIMORE CIT	Y HEALTH DEPARTMENT	66 00950			
BIRTH NO. M.E. CASE		950 CERTIFICA	ATE OF DEATH Registered No.) ·			
Type or Prin	Mae Lo	rretta Rehr	Jan. 27, 1966.	7:45 pm			
3. PLACE C	OF DEATH IN BALTIMORE, MA	RYLAND or institution, give street	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission B. COUNTY				
HOSPITA	L OR oddress or locotio		C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 6101 Loch Raven Blvd.				
10	Gould Nursing	Home					
5. SEX Fema.	le White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	Jan. 14, 1899 9. AGE (In years lost birthdoy) 67	If Under 1 Yr. If Under 24 Hi Months: Doys Hours Min,			
done during	OCCUPATION (Give kind of wor most of working life, even if retired) USEWITE	Own Home	Y 11. BIRTHPLACE (Stote or foreign country) New York	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER	John Wils	on	14. MOTHERS MAIDEN NAME Mammie Riely				
15. Was De (Yes, no or un NO	ceased Ever in U. S. Armed Fo nknown) (If yes, give war ar date	rces? es of service) 16. SOCIAL SECURITY NO. 214-14-3993	Mr. H. Frank Rehr, 5816 Leith Walk, #12				
(This cheant finjury	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stoling the UNDERLYING CONDITION last.						
TO T	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
OR CO	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.,		ore City, give exoct locotion)			
21 D. TI/ OF INJ (APPRO	URY	(Hour) 21E INJURY OCCURRED While At					
thot (I ond ho 23A, SIG	22. I certify that (I) (this hospital) attended the deceosed from 19 to 19 to 19 thot (I) (we) lost sow the deceosed alive on 124/66 19 and that in (my) (aur) opinian deoth occurred on the ond how and from the couses stated above. (I) (We) (did) (did not) view the body after death. 23A. Signature 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 24D. LOCATION (City, town, or county) (Stown, or county)						
REMO	val (Specify) 1/31/						

25C. FUNERAL DIRECTOR

J.

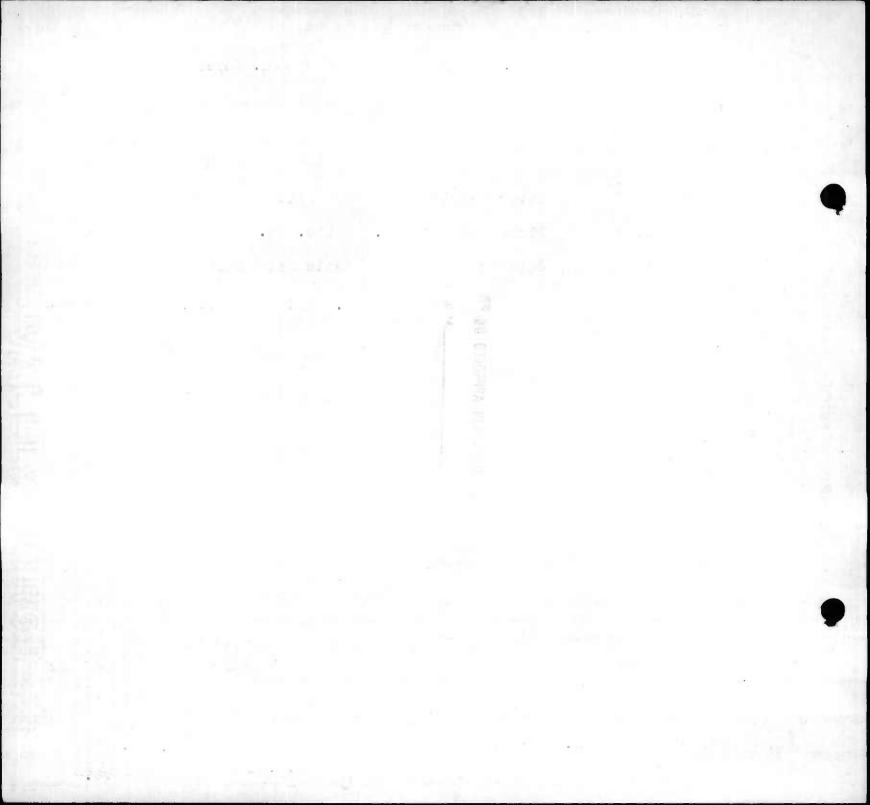
ADDRESS

Ruck Inc. Balto. Md. 21214



	BALTIMORE CIT	Y HEALTH DEPARTMENT			
	M.E. CASE NO. 66 00951 CERTIFICA	ATE OF DEATH Registered No. 66 0051			
	1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH			
	Theodore A. Balsamo	Jan. 26/66\ 6:00 P.M.			
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE 8. COUNTY			
	FULL NAME OF (If not in hospital or institution, give street	4207 Flowerton Rd			
	HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
	Johns Hopkins Hospital	Baltimore			
7	3	D. STREET ADDRESS (If rurol, give location)			
		4207 Flowerton Rd			
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months; Days : Hours : Min.			
1	Male White Never Married (specify)	March 9/11 54			
1	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF			
ŀ	done during most of working life, even if retired) Machinist Globe Products Co	Balto. Md. USA			
l	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
-	late Anthony Balsamo	Mamie Palmisano			
	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS			
	(Yes, no or unknown) (It yes, give wor or dates of service) SECURITY NO.				
	#05 do 7 6440	Mrs. Mamie Provenza, 4207 Flowerton RD			
	18. 4 20 / / CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	+ h 1.10 1 1			
		me Myocardial Infunction			
ŀ	(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	coronary artery occlision Sudden			
	ANTECEDENT CAUSES	oronany arleng occlusion Andden			
	DUE TO				
	DISEASES OR CONDITIONS, if ony, giving of the latter of th				
	UNDERLYING CONDITION last.				
	_				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes of No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (III in Boltimore City, give exact location)			
		office bldg., INJURY OCCUR?			
	<u>U</u>				
	21D. TIME (Month) (Doy) (Year) (Hous) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?			
	(APPROX.) While At Not Wh	k			
	22. I certify that (I) (this haspital) attended the deceased from	Warch 13 1958 to Jan 26, 1966,			
	that (1) (me) lost sow the deceased alive an Oct //	19 6 5 and that in (my) (acce) opinion death occurred on the date			
	and hour and from the causes stated above. (1) (Wa) (did) (did not)	16 Morella			
ŀ	23A. SIGNATURE	23B, DATE SIGNED			
	Mark Mark M.D. A	thending Med. State 1 - 28-66			
	23 C. PHYSICIAN'S	23D. ADDRESS			
	NAME (Typel	1111 61 1 1 1 1 1 1 1 29			
	HARRY L. RNIPP, M.D	The composition the my			
l	24A. BURIAL CREMATION, 24B. DATE 249. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (City, town, or county) (Stotel			
	Burial Jan. 31/66 New Cathedr	al Baltimore 29, Md.			
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS			
	IAM GO 1000 A A BOO TO DO S	Vitzke F.D. 4101 Edmondson Tve.			

REMOVAL (Specify) New Cathedral Baltimore
Vitzke F.D. 4101 Edr Burial 1/66 . 258. NAME 31 29. Md. ADDRESS Edmondson Tve. JAN VS 150-REV. 1/1/65



(((((((((((((((((((SALTIMORE CITY HEAD		N (· 101059
BIRTH NO. MEI	DICAL EX	AMINER'S C	ERTIFICATE OF I	DEATH Registe	ered No.
M.E. CASE NO.					
I. NAME OF DECEASED Type or Print)	R.		2. DATE AN	D HOUR PRONOUNC	ED DEAD
ALEXANDE	R KAMMER		Januar	ry 27, 1966	9:55 A _M
PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If inst	litution: residence before admission
BILL MARKE OF THE NOT IN HOS	ITAL OR INICITE	HON CIVE STREET	Maryland		LI COURT
ULL NAME OF (IF NOT IN HOSP ADDRESS OR LOCALITY OF ADDRESS OR LOCALITY OF THE PROPERTY OF THE	CATION)	TION, GIVE STREET	G. CITY OR TOWN (If outside		e RURAL and give township)
TERT HE	AIL	ANTHINI	Baltimore	28	03-00
	1	2-4-66	D. STREET ADDRESS (If rurol,	give location)	
St. Agnes	Hospital		6515 Frede	erick Rd.	
SEX 6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
male white	2.7	DIVORCED (specify)	D-3 95/33	lost birthday) 53	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of w		Married	Feb. 25/11		12. CITIZEN OF
one during most of working life, even if retired	1)	7 - A. A.	D 2 4 383		WHAT COUNTRY?
Rent Collector	Real I	estate o.	14. MOTHER'S MAIDEN NAM		USA
	- X				
Ferdinand Hamm	ger VVI	MMER	Catherine	raney	
5. WAS DECEASED EVER IN U.S. ARM es, no of unknown), (If yes, give wor or do		16. SOCIAL SECURITY NO.	17. INFORM ANT	KAMMER	ADDRESS
			Miss Catherine		515 Frederick
18.			OF DEATH	Hammer, o	INTERVAL BETWEEN
7 4 2 1		CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION	DIRECTLY				
(This does not mean the mode heart failure, asthenia, etc., It mea		(A) Arter	riosclerotic card	iovascular	disease
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE GAUSE (A) UNDERLYING CONDITION LAS	STATING THE	DUE TO			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI	RELATED TO T			***************************************	
19A. DATE OF OPERATION 19B. CO		VHICH OPERATION	20 A. AUTOPSY? (Yes or No) yes	20B. IF YES, WERE FI IN CERTIFYING CAU YES	
21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City, gi	ive exact location)
5	eor) (Hour) 2	IE. INJURY OCCURRED	21F, HOW DID INJU	JRY OCCUR?	
OF INJURY				, a cook	
	m. V	ORK NOT AT W	VORK		
22. I certify that I held on	Inquiry	Inspection Au	topsy X and that on thi	is bosis, deoth in r	ny oninion
resulted from: Natural o	ouses A A	coldent Suicid		Indetermined monn	er
ACTUM (A)	1 To	7. 1	CHIEF MEDICAL EX		DATE SIGNED
ACTUAL SIGNATURE	MILLE	y with M.D	ASSISTANT MEDICAL EX	AMINER X	
EXAMINER'S	r Breiter	necker, M.D.	ASSOCIATE MEDICAL EX	KAMINER	1-27-66
3A. BURIAL CREMATION, 23B. DATE		C. NAME OF CEMETERY	or CREMATORY 23D. L	OCATION (City	, town, or county) (State)
REMOVAL (Specify)	20/00	W ()		2.0	
urial Jan. 4A. DATE REC'D BY HEALTH DEPT.	29/66	New Cathed	ral Bal	to. Ma.	ADDRESS
	Z4B, NAME	OF REGISTRAR			
JAN 28 1966 (2	A 2 ofto	P. A.S	litzke F.D.4	101 Edmon	dson Ave
/S 151-REV. 1/1/65	1 7 1	0 0	0 9 5		

V.S. 153 C.P.

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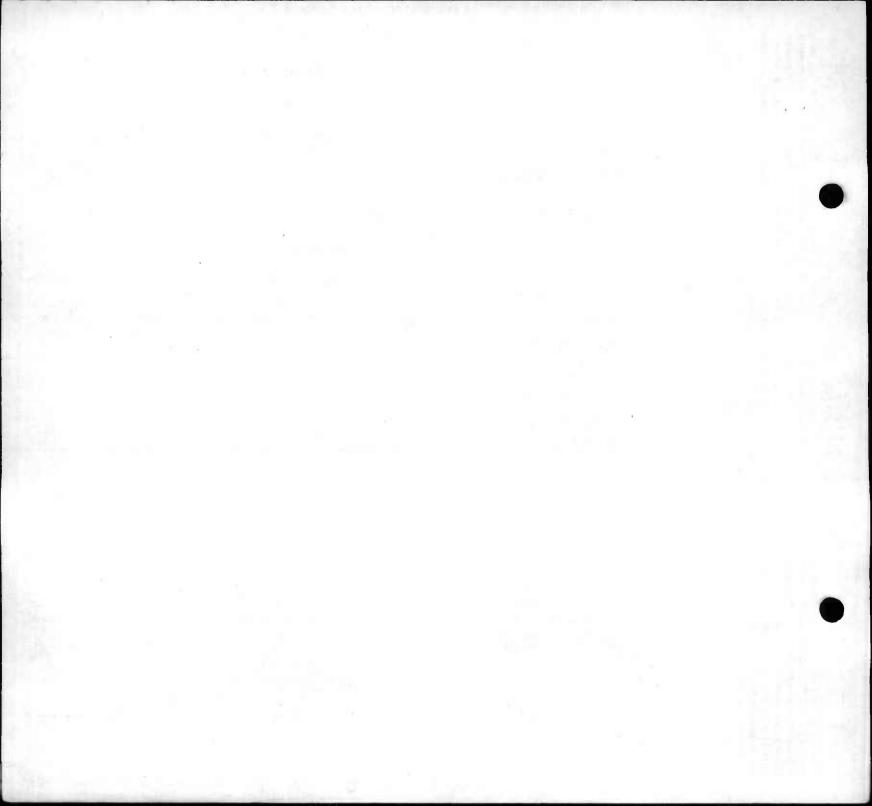
THE RESERVOING OF THE PARTY OF

FUNERAL DIRECTOR: IMPORTANT

hospital and use of death (5) Deceased Such + ПО hospital eath. ance cause ō Undetermined cause; attend 0 0 prior contributing occurred regular mad deceased disposition death E or SD the direct (4) 3 assistant if 0 death kind; or final attendance any pronounced his Also, embalmed of 0 fracture chief medical examiner examiner. regula 9 are 3 3 physician the remains medical burns; Was physician Body the 0 before the 3 where to the hospital °Z nature; **b** obtained 9 approved (except and any pe of death) hospital was released must accident must 10 approva ō prior certificate to An O.A. eceased the body shows: MOS ō

VS 150-REV. 1/1/65

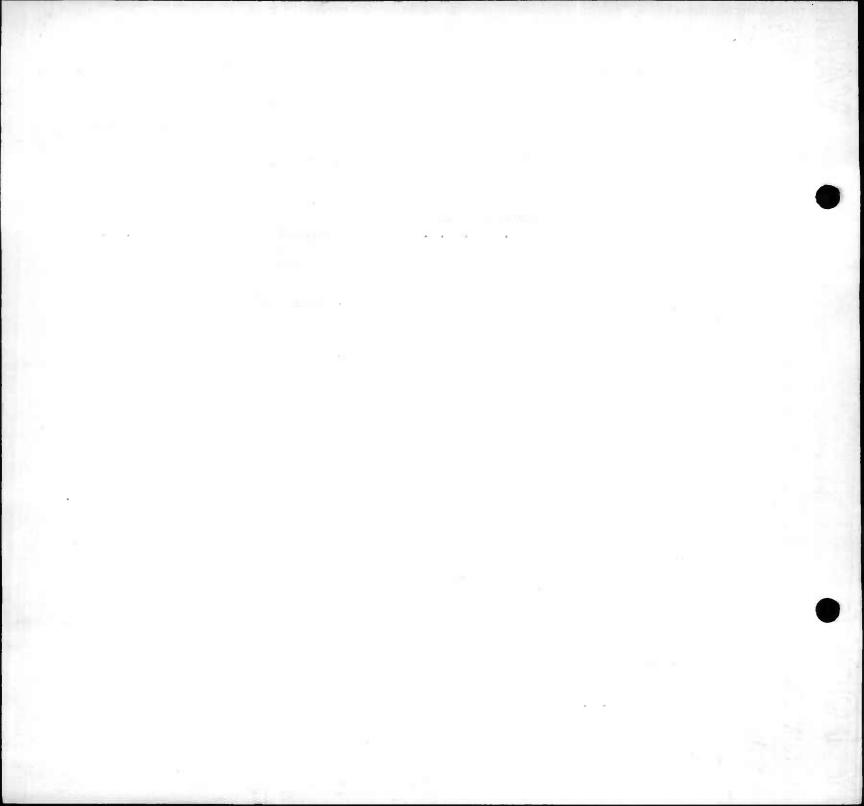
BALTIMORE CITY HEALTH DEPARTMENT Registered No. 11195 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. DATE AND HOUR OF DEATH I, NAME OF DEGEASED (Type or Print) 2 a 4. USUAL RESIDENCE (Where decessed lived. If institution; residence before odmission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN SALTIMORE, MARYLAND 8 FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION D. STREET ADDRESS (If rurol, give logation) 9. AGE (In years 7. MARRIED, NEVER MARRIED 8. DATE If Under 24 Hrs. 5. SEX 6. RACE OF BIRTH Il Under 1 Yr. Hours WIDOWED, DIVORCED (specily) lost birthdoví 12. CITIZEN OF WHAT COUNTERS? 10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE done during most of working life, even if retired) 14. MOTHERS MAIDEN NAME 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Farces 6. SOCIAL 17. INFORMAN (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl failure, osthenio, etc. Il meons the diseose, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, rise to the above couse (A) stoting the UNDERLYING CONDITION lost, ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Ü 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) etc.) MEDI 21 D. TIME (Doy) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Yeor) (Hour) OF INJURY Not While While At (APPROX.) 0 Work At Work 22. I certify that (I) (this hospital) attended the deceased from 19 that (I) (we) lost sow the deceased alive on..... ond that in (my) (our) opinion death occurred an the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A SIGNATUR 238. DATE SIGNED Attending M.D. Med. Stoff Phys. Director _ Phy s. 23 C. PHYSICIAN'S NAME Hype 23D. ADDRESS KINSON VER 24A. SURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATOR REMOVAL (Specify) rial JAN 28 1968 258. NAME OF RESSTRAR 25C. FUNERAL DIRECTOR



VS 150-REV. 1/1/65

Such

	D 00 000	BALTIMORE CITY	HEALTH DEPARTMENT		and the second
	TH NO. () 66 009	CERTIFICA	TE OF DEATH	Registered No.	00954
1.1	AME OF DECEASED		2. DATE AND	HOUR OF DEATH	
Ту	PLACE OF DEATH IN BALTIMORE, MARYLA	TTRELL	1-2	1-66	itution: residence before odmission)
3.	PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Where A. STATE B. COUNT		itution: residence before odmission)
	FULL NAME OF (If not in hospital or ins	stitution, give street	Maryland		JRAL ond give township)
	NSTITUTION		Then the	side city limits write KC	ORAL ond give township)
	1/-		DATTREET ADDRESS (If n	urol, give location)	
	UNIVERSITY HO		1213 Wall St		
5.	W. a. I. i. W.	AARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify)	10	ast birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
107	USUAL OCCUPATION (Give kind of work) QB.	divorced KIND OF BUSINESS OR INDUSTRY	1894	in country)	12. CITIZEN OF
dor	LUSUAL OCCUPATION (Give kind of work 10B. during most of working life, even if retired)			, ••••, ,	WHAT COUNTRY?
12	FATHER'S NAME	B. & O. R.R.	Maryland 14. MOTHER'S MAIDEN NAM	4.5	U.S.
13.	unknown		unknown	16	
					A - DA 666
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dates of		17. INFORMANT	G. SA	ADDRESS
	unknown	unknown	Records: Spri	Ing Grove St	ate Hospital
	18. / 3 7 X I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTI	LY	- 5	Tuel	1 mm.
	(This does not meon the mode of dyin	ig, e.g., DUE TO	- E		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	heort foilure, osthenio, etc. It meons the injury or complication which coused deat	diseose,			1
	ANTECEDENT CAUSES	(B) O 6	Structure Jaudi	w z°	1 Mar.
	DISEASES OR CONDITIONS, if ony,	giving	. Paren.		
	rise to the obove couse (A) state UNDERLYING CONDITION lost.	ing the (C)			
li	ONDERENNO CONDITION 10St.	4 -	·		
N	OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING			
ATIC	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
II.S	19A. DATE OF OPERATION 198. CONDITION WAS PERFORM		20A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
ERTIFI	ONONE	218 81 4 55 05 11111811	121 C WILEBE DID	OF 1 P. IV	
CAL	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in baltimore	City, give exoct location)
	21 D. TIME (Month) (Doy) (Year) (Ho	our) 21 E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
2	(APPROX) (2166)	While At Not While At Work			
	22. I certify that (I) (this hospital) att			9 6 6 ta 1	-21 1966,
	that (1) (we) last saw the deceased al				
	and haur and from the causes stated a			ii iii(iiiy) (ogi) opiii	an deam occorred an ine date
	23A. SIGNATURE	100701 (1) (40) (010) (010 101) V	lew the body offer death.		23 B. DATE SIGNED
	T.M. Whileh	M.D. Atte		Stolf Phy s.	
	23C. PHYSICIAN'S		23D. ADDRESS		
	NAME (Type) T.M. HUDAK	M.D.	1		
24.	A. BURIAL CREMATION, 248. DATE	120C. NAME OF GEMETERY OF CRE	MATORY 24D. LC	CATION (City	, town, or county (Stote)
دا	Surial Jan. 296	& Lour	on Ic E	alto,	29. sudano
25.	JAN 28 4966 ()	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	0.4010	S AM AND SIN



IMPORTANT FUNERAL DIRECTOR:

Registered Na ._ BIRTH NO. CERTIFICATE OF DEATH of death Deceased the M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) LO ,66 hospital ctor death. 4. USUAL RESIDENCE (Where Deceased lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND ance A STATE (4) Undetermined cause; (5) or contributing cause FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) attend 0 prior D. STREET ADDRESS (If rural, give location) occurred RO was in regular mad MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys 5. SEX 6. RACE deceased WIDOWED, DIVORCED (specify) lost birthdoy) 2-4-1900 65 10A, USUAD OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF death or final disposition nostrot working life, even if retired) 14. MOTHER'S MAJOEN NAME 0 the 13. FATHERS NAME death 0 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL SECURITY NO. attendance any pronounced DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This daes nat mean the mode of dying, e.g., regular hearl failure, osthenio, etc. It means the disease, the chief medical examiner injury as camplication which coused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the = physician UNDERLYING CONDITION last. before the remains No physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (2) Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED where the WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Baltimore City, give exact location) to the hospital DEATH (notify medical examiner) etc.) any nature; MEDIC obtained 21 D. TIME 9 (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While approved (except OF INJURY While At (APPROX.) ; and 22. I certify that (1) (this hospital) attended the deceased fram 17 66 pe that (1) (we) last saw the deceased alive an.....and that in(my) (aur) apinion death accurred on the date of hospital death) was released and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. must An accident 23A. SIGNATURE 23 B. DATE SIGNED Allending Med. Stoff M.D. Phys. Director approval 0 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS certificate prior at RICHARD M.D. shows: (1) Ai NORGARRD Ununty 24A. BURIAL CREMATION, deceased 24C. NAME of CEMETERY (City, town, or county) the body PEMOVAL Specifyl written VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

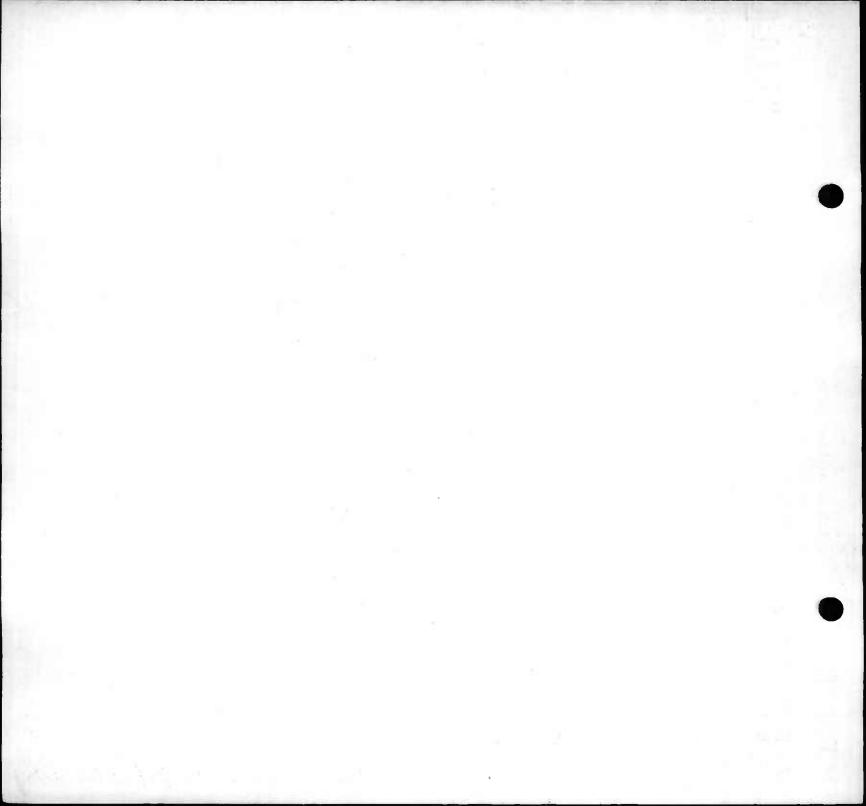
If Under 24 His.

Hours

INTERVAL BETWEEN ONSET AND DEATH

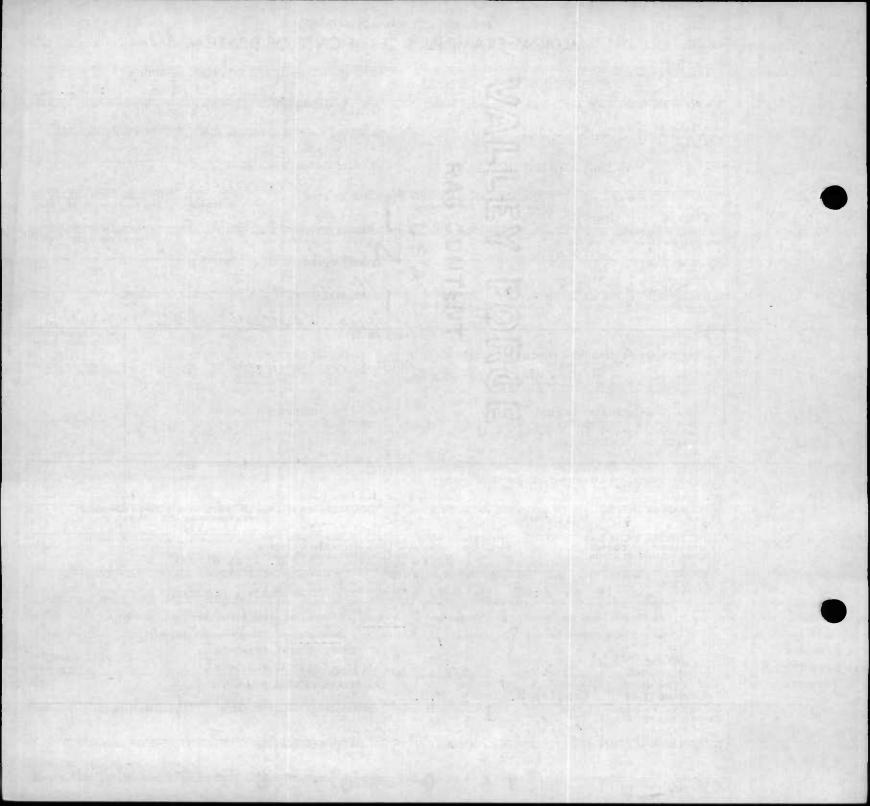
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WHAT COUNTRY



BALTIMORE CITY HEALTH DEPARTMENT	
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	TH NO. 66	3 0095MED	ICAL EXA	MINER'S	CERTIFICATE OF	DEATH Regist	ered Na.	100
î. (Ty	NAME OF DEC	SUSIE		DUNLAP		anuary 19, 1		:30 P
FU	LL NAME OF	IMORE MARYLAND, V	AL OR INSTITUTION		4. USUAL RESIDENCE (When A. STATE Maryland C. CITY OR TOWN (If auts)	e deceased lived. If ins B. CO	titution: residence	ce befare admission)
IN:	STITUTION	ADDRESS OR LOC			Baltimor		4	9 9
	3	JOHNS HOPE	CINS HOSPI	TAL	D. STREET ADDRESS (If ruro	l, give location) Port Street		
	Female	6. RACE Negro	7. MARRIED, NI WIDO WED, DIV		8. DATE OF BIRTH	9. AGE (In years last birthday)		r. If Under 24 Hrs.
dan	Carrying most of v	working life, even (Prefired)	KIOL KIND OF B	USINESS OR INDUS	TRY 11. BIRTHPLACE (State or fore	a	12. CITIZEN C	OF OUNTRY?
	FATHER'S HAN	WKENCR	Jack	Gson	Mary Cal	ter		
15. (Ye:	WAS DECEASE s, na ar unknawn	D EVER IN U.S. ARME Off yes, give war ar date	es fold service)	SECURITY NO.	Mary Jack	son 162	2 Por	45%
NO	(This daes in heart failure, injury or con DISEASES RISE TO TH	SE OR CONDITION D LEADING TO DEAT not mean the mode of , asthenia, etc. It mean mplication which caused ANTECENDENT CAUS OR CONDITIONS, IF E ABOVE CAUSE (A) : NG CONDITION LAST.	f dying e.g., s the disease, death.) ES ANY, GIVING STATING THE	(A) Gu DUE TO (B) DUE TO	nshot wound of ch	lest		
CERTIFICATION	TO THE	II NIFICANT CONDITIONS DEATH BUT NOT R R CONDITION CAUSIN	ELATED TO THE					
	19A. DATE OF	WAS PE	NDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes ar No	208. IF YES, WERE FI		
MEDICAL	UNDERLYING UTING CAU	OR CONTRIB-	hame, etc.)	farm, factory, street House	affice bidg., INJURY OCCUR?	Off in Baltimare City, grant Street	ive exact lacati	on)
	OF INJURY (APPROX.)	(Manth) (Day) (Ye		INJURY OCCURRE		ing argumen	t	
		URE LER'S		Suident Suid	OHIEF MEDICAL E ASSOCIATE MEDICAL E	XAMINER E	er	DATE SIGNED 20-66
REA	BURIAL CREMOVAL (Specify BULL)		-66 71 248, NAME OF	NAME OF CEMETER A GUL REGISTRAR	Y OF CREMATORY 23D. WWW JEM 24C, EUNERAL DIRECTO	Balto	ADD	md.
vs	JAN 28	1966 A.A.	7 300	O O	Rayner S	anders 2	178.87	reston Si



death **IMPORTANT** assistant OF DIRECTOR: medical FUNERAL chief the

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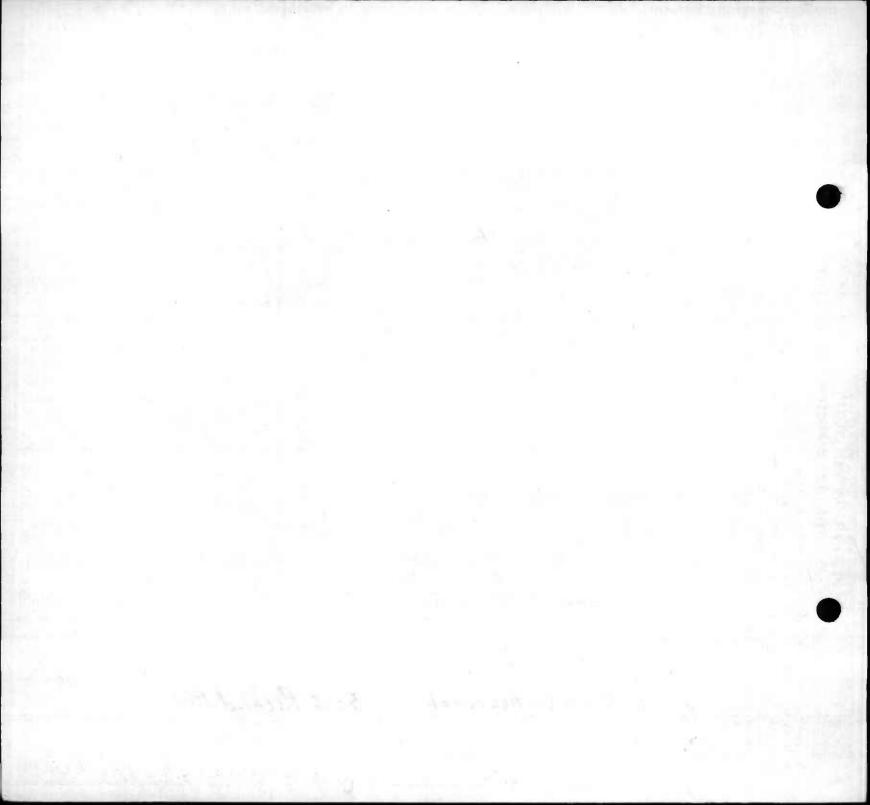
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VS 150-REV. 1/1/65

0 prior

at

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I NAME OF DECEASED 2, DATE AND HOUR OF DEATH (Type or Print) 2 9 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) (If outside city limits, write RURAL C. CITY 558 Sheffield Ra D. STREET ADDRESS mad 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 8. DATE OF BIRTH 6. RACE If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED Ispecify Hours IDOWRD 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY BIRTH BLACE (State or foreign 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) US 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL 17. INFORMANT final (Yes, no or unknown) (If yes, give wor ar dates of service) SECURITY NO -03 CAUSE OF DEATH 0 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the made of dying, e.g., embai heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. before the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A, DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF tNJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL etc.) DEATH (notify medical examiner) obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from 19 6 pe that (1) (we last saw the deceased alive an. 6 and that in (my) (true) apinian death accurred an the date must and have and from the causes stated about (1) (We) (did) (did not) view the body after death. 23B, DATE SIGNED Attending Stoff M.D. Med. Phys. Director approval 23D. ADDRESS PHYSICIAN'S NAME (Type 6 M.D. 50 24A. BURIAL CREMATION, 24B. DATE CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) (State) REMOVAL (Specify) written 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS



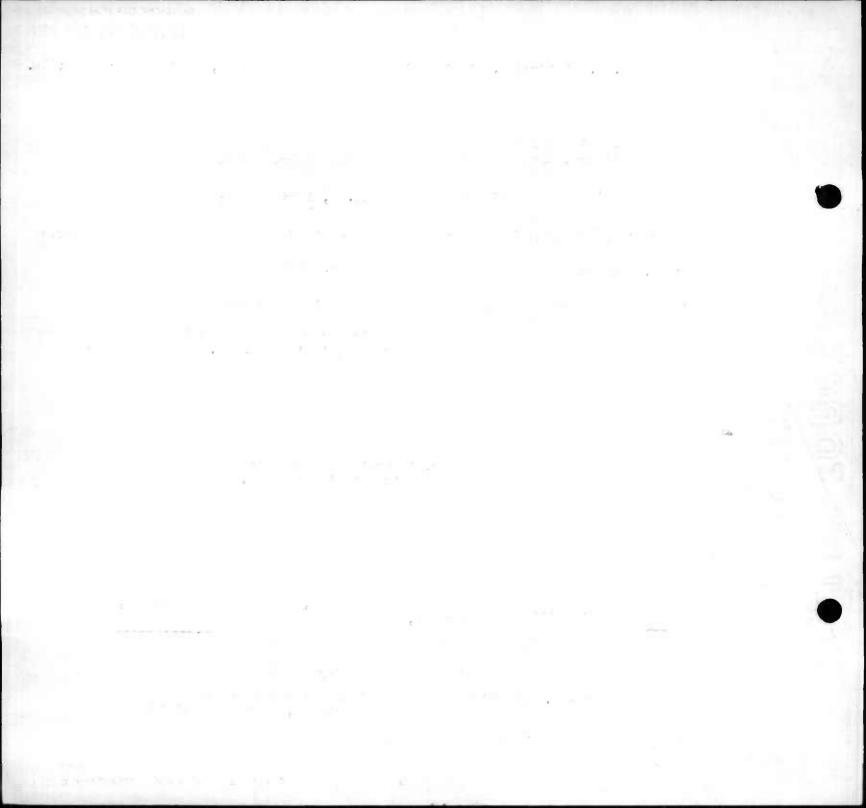
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death.

Such

			HEALTH DEPARTMENT		
-	BIRTH NO. 66 (1095	8 CERTIFICA	TE OF DEATH	Registered No.	36-00958
	M.E. CASE NO. 1. NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
	(Type or Print) Mrs. A. Winifred	H. Wisniewski	Janua	ry 25, 1966	at 9:45 p.M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND			ere deceosed lived. If in	nstitution: residence before odmission)
	FULL NAME OF (If not in hospital or instituted the state of the state		Maryland 212	utside city limits, write	RURAL and give township)
	Institution The Seton Psychia		Baltimore	,	
1	6420 Reisterstown			rurol, give location)	
	Baltimore, Maryla	nd 21215	1412 Andre S	Street	
made.	5. SEX 6. RACE 7. MAR WIDTH	RIED, NEVER MARRIED OWED, DIVORCED (specify) LATTIED	B. DATE OF BIRTH Aug. 8, 1904	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
.5	10A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY		61 eign country)	12. CITIZEN OF
isposition	done during most of working lite, even if retired)				WHAT COUNTRY?
=	Housewife (Factory Worker)		Maryland 14. MOTHER'S MAIDEN NA	***	United States
200	13. FATHERS NAME			IME.	
S	John J. Herbert		Mary Ruff		
0	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
fina	No	212-28-4966	Hospital Rec	cords	
	1B. 2 3		F DEATH		INTERVAL BETWEEN
0	DISEASE OF CONDITION DIRECTLY	Chro	onic progressive	e cerebral	ONSET AND DEATH
9	LEADING TO DEATH	(A) atro	ophy (Pick's Dis	sease).	9 years
almed	(This does not meen the mode of dying,	e.g., DUE TO	************************************		
2	heal failure, asthenia, etc. It means the disc injury or complication which coused death.)	eose,			
E .	ANTECEDENT CAUSES	(B)			
are	DISEASES OR CONDITIONS, if ony, gi				
	rise to the obove couse (A) sloting				
ains	UNDERLYING CONDITION lost.				
Du	Z OTHER SIGNISISANT CONFIDENCE CONTRIB	Chronic b	rain syndrome w	th	
rem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		(Pick's Disease		9 years
the	U 19A, DATE OF OPERATION 19B, CONDITION I	FOR WHICH OPERATION	20A. AUTOPSY? (Yes of N		FINDINGS CONSIDERED
-	WAS PERFORMED		No	IN CERTIFYING CA	
OF	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimor	e City, give exact location)
befor	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, loctory, street, o	ffice bldg., INJURY OCCUR?		
	OF INTER (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
ained	OF INJURY (APPROX.)	While At Not While	e		
D		Work Al Work			
obt	22. I certify that (I) (this hospital) attend			1957 _{to} Janua	ry 25, 1966
pe	that (I) (we) last sow the deceased alive	on January 25,	1966 ond t	hat in (my) (our) api	inion deoth occurred an the date
	and haur and from the causes stated above	ve. (1) (We) (did) (did not) v	riew the body ofter deoth.		
must	23A. SIGNATURE				23B, DATE SIGNED
_ n	Walter V. Va	WYCLES M.D. Att.	ending for Med.	Staff Phys.	January 25, 1966
>	23 C. PHYSICIAN'S		23D. ADDRESS		1
pprov	NAME (Type) Walter O. Jah:	rreiss M.D.	6420 Reisters		015
db	24A- BURIAL CREMATION, 24B. DATE 24	IC. NAME of CEMETERY OF CR		aryland 212	ity, town, or county) (State)
en	REMOVAL (Specify)				
110	Bur12/ 1/27/66/	HOLY Cross Co.	metery Be	11190-4	144
writt	25A. DATE REC'D BY HEALTH DEPT. 25B. NA	TAN AND AND AND AND AND AND AND AND AND A	Charles &	Jevens Fun	Md, ADDRESS ETal Hone, Inc.
>	I REPLY AND THE PARTY OF THE PA	AND THE PROPERTY OF THE PARTY O	(7) (3) (1)	the same to	- D

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR
Charles in Stevens Funeral Home, Inc.
Charles in Stevens Funeral Home, Inc. 8 VS 150-REV. 1/1/65



0.6	00959	BALTIMORE CITY	HEALTH DEPARTMENT
BIRTH NO.	MED	ICAL EXAMINER'S	S CERTIFICATE OF DEATH Registered No.S. 111959
M.E. CASE NO.			
1. NAME OF DEC			2. DATE AND HOUR PRONOUNCED DEAD
The second secon	HOMAS N. OXEI		January 26, 1966 11:45 A
3. PLACE IN BALII	IMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmi: A. STATE Morrel and B. COUNTY
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
HOSPITAL OR	ADDRESS OR LOCA	ATION)	Baltimore Baltimore
n			D. STREET ADDRESS (If rurol, give locotion)
	117 N. Broa	adway	117 N. Broadway
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Months, Doys, Hours, A
male	white	Separated	Oct. 8- 1901 64
		108. KIND OF BUSINESS OR IND	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired	orking life, even if retired) Maintane:	nce Church Hom	
OBCO	r oxendine		Florence Oxendine
	EVER IN U.S. ARMED	D FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
	(If yes, give wor or dote	es of service) SECURITY NO.	
Yes,	Army 191	9-1921 239-16-	7929 Son, Thomas N. Oxendine Jr.
18.	2 1 1	C.	CAUSE OF DEATH 1920 Merritt Blvd. 2120 ONSET AND DE
DISEAS	E OR CONDITION DE	IRECTLY	
(This does no	of mean the mode of	dying e.g. DUE TO	eriosclerotic cardiovascular disease
heart failure,	ot meen the mode of osthenio, etc. It meons application which coused	s the discose, deoth,)	
	NTECENDENT CAUSI OR CONDITIONS, IF A	(R)	
RISE TO THE	E ABOVE CAUSE (A) S	TATING THE	
	IG CONDITION LAST.	(C)	
OTHER SIGN			
OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING	
L DISEASE OR	DEATH BUT NOT RE		
		NDITION FOR WHICH OPERATION	
90	WAS PER	RFORMED	IN CERTIFYING CAUSES OF DEATH?
VI 21 A. EXTERNAL		218, PLACE OF INJURY	(e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) treet, office bldg., INJURY OCCUR?
UTING CAUS		etc.)	teer, onice side, indoct occor:
E 21D TIME	(Month) (Doy) (Yeo	or) (Hour) 21E. INJURY OCCUR	RRED 21F. HOW DID INJURY OCCUR?
OF INJURY		WHILE AT WORK	NOT WHILE
22.		m. WORK	AT WORK L
	ify that I held an I	Inquiry Inspection X	Autapsy and that an this basis, death in my apinian
result	red fram: Natural ça	uses X Accident S	Suicide Hamicide Undetermined manner
	1)1	/T	CHIEF MEDICAL EXAMINER
ACTUAL		not en luly	DATE SIGNE
SIGNATU		040	ASSOCIATE MEDICAL EXAMINER 1-26-66
EXAMINI NAME (T		Breitenecker, M.D	
23A. BURIAL CREA	AATION, 23B. DATE	23C. NAME OF CEMET	
REMOVAL (Specify) Buria		28-1966 Garden	ns of Faith Trumps Mill Rd. Bal. Co M
24A. DATE REC'D		248, NAME OF REGISTRAR	ns of Faith Trumps Mill Rd. Bel. Co M
1031	0. 4000 0		
JAN 2	8 1965 (1) 17	1-2, Falloun	JOHN J. DUDA , Dundalk, Md. 21222
VS 151-REV. 1/1/6	55	10650	na a g K A

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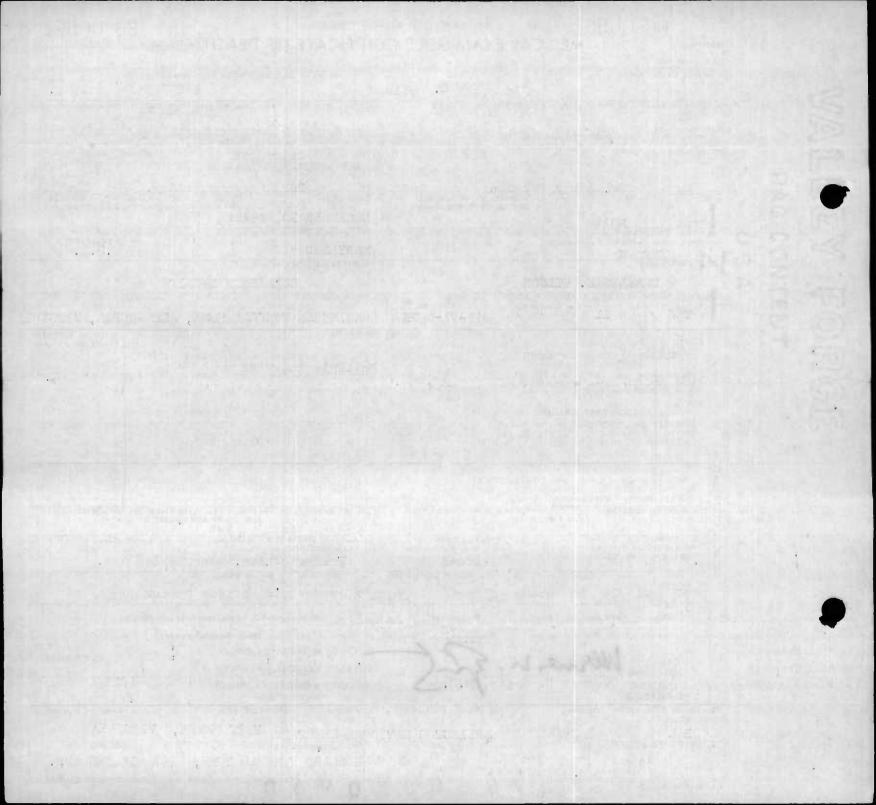
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BIR	TH NO.	MED		AMINER'S C			DEATH Regist		
M.	E CASE NO.								
1. (Tv	NAME OF DECE	ASED				2. DATE AN	ND HOUR PRONOUN	CED DEAD	
,	pe of this	ELMER E. L	EE			Janu	ary 26, 196	6	7:10 P
		MORE MARYLAND, V			A. STATE	SIDENCE (Where	deceased lived. If in	stitution: resider	nce before odmiss
HC IN:	LL NAME OF DSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC.	ATION)	ON, GIVE STREET		altimore	de corporote limits, wr	indalk	give tawnship)
/	City Hos	pital				O3 Pinew		2	1222
5. s	ale 6	white	7. MARRIED, NI WIDO WED, DIV Marrie	ORCED(specify)	B. DATE OF B	rrtн °V 31⇔10	9. AGE (In years last birthday)	If Under 1 Months Do	Yr. If Under 24 ays Hours M
don	Pipe Mi	rking life, even if refired) 11. Beth	lehem St	USINESS OR INDUSTR	Mar	yland		12. CITIZEN WHAT	COUNTRY?
13.	FATHER'S NAME	Oscar Lee				Emma Ja	35.63 C		
		EVER IN U.S. ARMEI		SECURITY NO.	17. INFORMAN			ADDRESS	
	350 -	rmy WWII		8-01-1436	Wife:	Mra. 1	farjorie I	00 4	11 110 - 3
	1B.				OF DEATH	MITO P	Tar Jor Te I		4. E. C. d
	(This daes na heart failure, a injury or comp	OR CONDITION D LEADING TO DEATH I meon the made al sistenio, etc. It meon colication which coused	H f dying, e.g., s the disease, death.)	(A) Arter	iosclero	tic card	iovascular	disease	
	DISEASES O	R CONDITIONS, IF A BOVE CAUSE (A) S CONDITION LAST.	ANY, GIVING	(B)	2000				0 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Z		Marille Carlos		(C)	••••••				
ERTIFICATION	TO THE D	II FICANT CONDITIONS EATH BUT NOT RE CONDITION CAUSING	LATED TO THE						
CERT	19A, DATE OF		NDITION FOR WH	ICH OPERATION	20A. AUTO	PSY? (Yes or No.	20B IF YES, WERE I		
EDICAL	21 A. EXTERNAL UNDERLYING DO UTING DCAUSE	OR CONTRIB-	218. PL/ hame, etc.)	ACE OF INJURY (e.g., form, factory, street,	in or obout 21 Coffice bldg., INJ	URY OCCUR?	(If in Boltimare City,	give exact laca	tian)
Σ	21 D TIME (OF INJURY (APPROX.)	Month) (Doy) (Yes		INJURY OCCURRED	WHILE	HOW DID INJ	URY OCCUR?		
	14 5 11 13 14						is bosis, deoth in		
	resulte	d from: Na ural co	uses X Acc	Ident Suicid			Undetermined mon	ner	
	ACTUAL	(NS)	9101	/.		MEDICAL E			DATE SIGNED
	SIGNATU		1 Contract	M.D	•	MEDICAL E			1-27-66
	NAME (T)	(pe) Rudiger	Breitene	cker, M.D.	ASSUCIATE	MEDICAL E	XAMINER		1-27-00
	BURIAL CREM MOVAL (Specify)	ATION, 23B. DATE		Glen Have				y, tawn, ar cau	nty) (Stote)
	A. DATE REC'D B		24B, NAME OF		24C. FUN	IERAL DIRECTO	Burnie,	ADI	DRESS
	JAN 28	1986 @ 0	2 2 T	Lusa.	ЈОН	N J. DU	DA, Dund	alk, Mo	d. 21222
VS	151-REV. 1/1/65		7 0	0 0 1		()			

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VS 151-REV. 1/1/65

1 /	66 00961 BALTIMORE CITY HEALTH DEPARTMENT	66 00961
W423	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE C	
	M.E. CASE NO.	
	I (Tune or Pri-s)	TE AND HOUR PRONOUNCED DEAD
	Clarence 4. Wilson	1/24/66 6:20 p. _{M.}
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (A. STATE	Where deceased lived, If institution: residence belore admission) B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (IF INSTITUTION)	outside corporate limits, write RURAL and give township)
	D. STREET ADDRESS (
		3 Greenmount Ave.
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED(specify) DECEMBER 20	9. AGE (In years lost birthdoy) Non this Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of done during most of working life, even if refired)	or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	UNKNOWN MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN	U.S.A.
	CHARLES E. WILSON EL	IZABETH BUCKITE
	15, WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 4	ADDRESS
	1ES WW 11 219-01-642 CUNNINGHAM F	UNERAL HOME, ALEXANDRIA, VIRGINIA
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Multiple ini	INTERVAL BETWEEN ONSET AND DEATH
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) LEADING TO DEATH (A) Multiple in j DUE TO	lattes
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	OL III	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes WAS PERFORMED YES	or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? VES
	21A, EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE home, form, loctory, street, office bldg. INJURY OCCI	DID (II in Boltimore City, give exact location)
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DIE (APPROX.) 1 24 66 5.40p WHILE AT NOT WHILE TO DECENT	rian struck by car
	22.	
		on this bosis, death in my opinion
	resulted from: Natural couses Accident Suicide Homicide	Undetermined monner
	1 4 071141 1/11/1/ 6	AL EXAMINER DATE SIGNED
	SIGNATURE EXAMINER'S Werner U. Spitz, M.D. ASSISTANT MEDICA ASSOCIATE MEDICA	1/05///
	NAME (Type)	
	23A. BURIAL CREMATION, REMOVAL (Specily) 23B. DATE 23C. NAME of CEMETERY or CREMATORY	23D. LOCATION (City, town, or county) (State)
	BURIAL 1/28/66 ARLINGTON NATIONAL CEMETER	
	24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24C, FUNERAL DIR HUBBARD FU	MERAL HOME, 4107 WILKENS AVE. # 29



		FUNERAL	FUNERAL DIRECTOR: IMPORTANT	R: 1/	APORT/	INA				
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hosp	proved by	the chief me	dical examin	10 TOF	his assist	ant if	death	occurre	ui po	a hos
the body was released to	the hospite	al by a med	ical examin	er. Al	so, if the	direct	t or cc	ontribut	ing c	ause
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) [ny nature;	(2) Body but	rns; (3) A fra	cture	of any kir	1d; (4)	Undete	ermined	caus	e; (5)
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance	except wh	ere the phy	sician who	pronoi	unced de	ath w	as in	regular	atte	ndan
deceased prior to death);	and (6) Na	o physician v	vas in regul	ar at	lendance	on the	e dece	d pespe	rior	to de

VS 150-REV. 1/1/65

of death Deceased

hospital

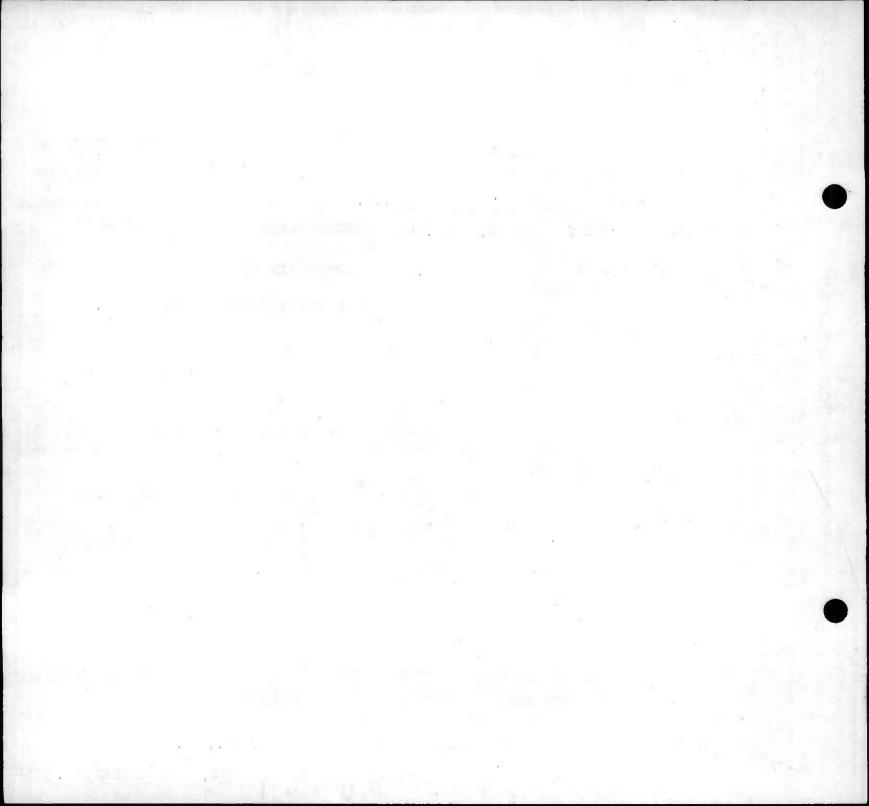
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endance

BALTIMORE CITY HEALTH DEPARTMENT 66 00968 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. Such 2. DATE AND HOUR OF DEATH (Type or Print) JANUARY 26, 1966 M

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) EMIL GROSZER eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND B. COUNTY A STATE MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If autside city limits, write RURAL and give township) 0 INSTITUTION BALTIMORE D. STREET ADDRESS (If rural, give location) HOOD NURSING HOME STREET 2804 CARROLL ŏ If Under 24 Hrs. 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) 5. SEX 6. RACE If Under 1 Yr. Manths! Days BE Hours WIDOWED, DIVORCED (specify) 9/23/82 MALE WHITE WIDOWED XXX 9723702 (
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) position XCHECKZSXXXXXXX CZECHOSLOVAKIAN USA RETIRED MACHINIST CROWN, CORK & SEAL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME dis ANDREW GROSZER KATRINA SIROTKA ADDRESS 15. Was Deceased Ever in U. S. Armed Farces 17. INFORMANT 6. SOCIAL final (Yes, no ar unknown) (If yes, give wor or dates of service) SECURITY NO 216036258 308 HILTON AVE. CHRISTINA CAMERON 21228 CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH balme (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which caused death,) ANTECEDENT CAUSES 0 GIB DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. remains 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Û 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? I'Ves or No.) 208, IF YES, WERE FINDINGS CONSIDERED CERTIF WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? efore 218. PLACE OF INJURY le.g., in or obout 21C. WHERE DID 21A. ACCIDENT WAS UNDERLYING Ilf in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, lorm, factory, street, affice bldg., INJURY OCCUR? DEATH (notify medical examiner) etc.) obtained (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While LAPPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram. 19 6 10 and that in(my) (per) opinion death accurred on the date that (I) (we) lost saw the deceased alive an.... 99 and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 238. DATE SIGNED Attending Stoff M.D. Med. Phys. Director L approval 23C. PHYSICIAN'S 23D. ADDRESS prio NAME (Type) JOHN SHAW 5800 EDMONDSON AVENUE M.D. 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION eceased (City, town, or county) (Stote) REMOVAL (Specify) BURTAL 1/29/66 LOUDON PARK CEMETERY BALTO., MD. was dece 25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

HUBBARD FUNERAL HOME, 4107 WILKINS AVE. #29



SAB-32-54-77

NAME OF DEC				ATH Registered No.	
ype or ranii		J.Jarrells		1-25-1966	11.15 P
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND	4. USUAL RESID	ENCE (Where deceased lived, If in: B. COUNTY	stitution: residence befare admissio
FULL NAME C	F (If not in hospital	or institution, give street	Marylan		104
HOSPITAL OR	address ar lacotion	1)	C. CITY OR TOW		(URAL and give tawnship)
)		ity Hospitals	Baltimo	7 7	<u> </u>
	4940 Eastern Baltimore, M		D. STREET ADDR	outh Belnord Avenu	ie 21224
, SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH		•
Male	White	Married (spec	2-20-191	8 last birthdays 47	Months Doys Hours Min.
one during most of	WORKER	SPARROWS POINT	Ohio	State or fareign countryl	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NA	ME		14. MOTHER'S M	AIDEN NAME	
	JAMES JA	ARRELLS	IRENE	FRYE	
5. Was Deceased es, no ar unknown	Ever in U. S. Armed Ford	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		UNKNOWN	Records:B	CH-4940 Eastern A	venue 21224
18. S &	SE OR CONDITION DIR		USE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
Distr	LEADING TO DEATH		Nepato. Re	nal simbrome	3 w/s.
	not mean the made of osthenio, etc. It means	dying, e.g., DUE 1	0	nal syndrome Khoses	
	mplication which caused	death.)	chonic sia	bases	1 year
	ANTECEDENT CAUSES	500	0		
	OR CONDITIONS, if of the obove cause (A)				
UNDERLYIN	G CONDITION last.				
UNDERLYIN	11		· · · · · · · · · · · · · · · · · · ·		
OTHER SIGN	IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO THE			
OTHER SIGN TO THE D DISEASE OR	IFICANT CONDITIONS C BEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERF	TED TO THE T. DITION FOR WHICH OPERATION FORMED		? (Yes or Na) 208. IF YES, WERE IN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH?
UNDERLYING OTHER SIGN TO THE D DISEASE OR 19A-DATE OF	IFICANT CONDITIONS C BEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERE	TED TO THE T. DITION FOR WHICH OPERATION ORMED LES dus 4455 for 0.00	times 42	YES	USES OF DEATH?
UNDERLYIN OTHER SIGN TO THE D DISEASE OF 19A-DATE OF 21A-ACCIDE OR CONTRIBUTE DEATH (notify	IFICANT CONDITIONS C BEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERF	TED TO THE T. DITION FOR WHICH OPERATION ORMED 218 YEAR OF INDER		IN CERTIFYING CAI YES IERE DID (If in Boltimore	FINDINGS CONSIDERED USES OF DEATH? City, give exoct location)
OTHER SIGN TO THE DO DISEASE OR 19A-DATE OF DEATH (notify to the last of the l	IFICANT CONDITIONS CODEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERFORM WAS UNDERLYING UTING CAUSE OF	TED TO THE T. DITION FOR WHICH OPERATION ORMED 218 FLACE OF INDER home, form, foctory, st etc.) (Hour) 21E INJURY OCCURRE	(e.g., in or about 21 C/WH reet, office bldg., INJURY	IN CERTIFYING CAI YES IERE DID (If in Boltimore	USES OF DEATH?
UNDERLYIN OTHER SIGN TO THE D DISEASE OR 19 A. DATE OI 21 A. ACCIDE OR CONTRIBUTE DEATH (noif) 21 D. TIME	IFICANT CONDITIONS COMEATH BUT NOT RELA CONDITION CAUSING IT FOPERATION 198. CON 198	DITION FOR WHICH OPERATION FORMED 218 FLACE OF INDER home, form, foctory, st etc.) (Hour) 21E INJURY OCCURRE While At No	Ten. 196 (e.g., in or about 21 C/ WH reet, office bldg., INJURY	IN CERTIFYING CAI YES IERE DID OCCUR?	USES OF DEATH?
UNDERLYIN OTHER SIGN TO THE D DISEASE OR 19A-DATE OR 21A. ACCIDE OR CONTRIBI DEATH (nonif) 21D. TIME OF INJURY (APPROX.) 22. I certify	IFICANT CONDITIONS COMEATH BUT NOT RELA CONDITION CAUSING I FOPERATION 198. CON WAS PERFORM TO CAUSE OF COME CONDITION (Month) (Doy) (Year)	DITION FOR WHICH OPERATION FORMED 218 FLACE OF INDER home, form, foctory, st etc.) (Hourl 21E INJURY OCCURRE While At No	(e.g., in or obout 21 C/WH reet, office bldg., INJURY	IN CERTIFYING CAI YES IERE DID OCCUR? W DID INJURY OCCUR?	USES OF DEATH? City, give exoct locotion)
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UNDERLYIN OTHER SIGN TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBI DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (IFICANT CONDITIONS COMEATH BUT NOT RELACONDITION CAUSING IF OPERATION WAS PERFORM TWAS UNDERLYING CAUSE OF A medical examiner) (Month) (Day) (Year) I that (I) (this hospital lost sow the decease	DITION FOR WHICH OPERATION FORMED 218 FLACE OF INDER home, form, foctory, st etc.) (Hourl 21E INJURY OCCURRE While At No	(e.g., in or obout 21 Cf WH reet, office bldg., INJURY Do 21F. HO While 1 1964	IN CERTIFYING CAI YES IERE DID OCCUR? W DID INJURY OCCUR? W DID INJURY OCCUR?	USES OF DEATH? City, give exoct locotion)
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UNDERLYIN OTHER SIGN TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify and hour an	IFICANT CONDITIONS COMEATH BUT NOT RELA CONDITION CAUSING I F OPERATION WAS PERF NT WAS UNDERLYING UTING CAUSE OF medical examines) (Month) (Day) (Year) That (1) (this hospital plants sow the decease of from the causes state of the cause of the c	TED TO THE T. DITION FOR WHICH OPERATION ORMED 218 TLACE OF INDER home, form, foctory, st etc.) (Hour) 21E INJURY OCCURRE Work Au Au Or attended the deceased from d alive an	Tene. 12 C WH reet, office bldg., INJURY D 21F. HO of While 21 C WH on Work Attending M.	IN CERTIFYING CAI YES IERE DID OCCUR? W DID INJURY OCCUR? W DID INJURY OCCUR?	USES OF DEATH? City, give exoct locotion) - 25 1966 nion deoth occurred an the d

JAN 31 1966 Classes to the party of the state of the stat

MEMORIAL BURIAL PARK

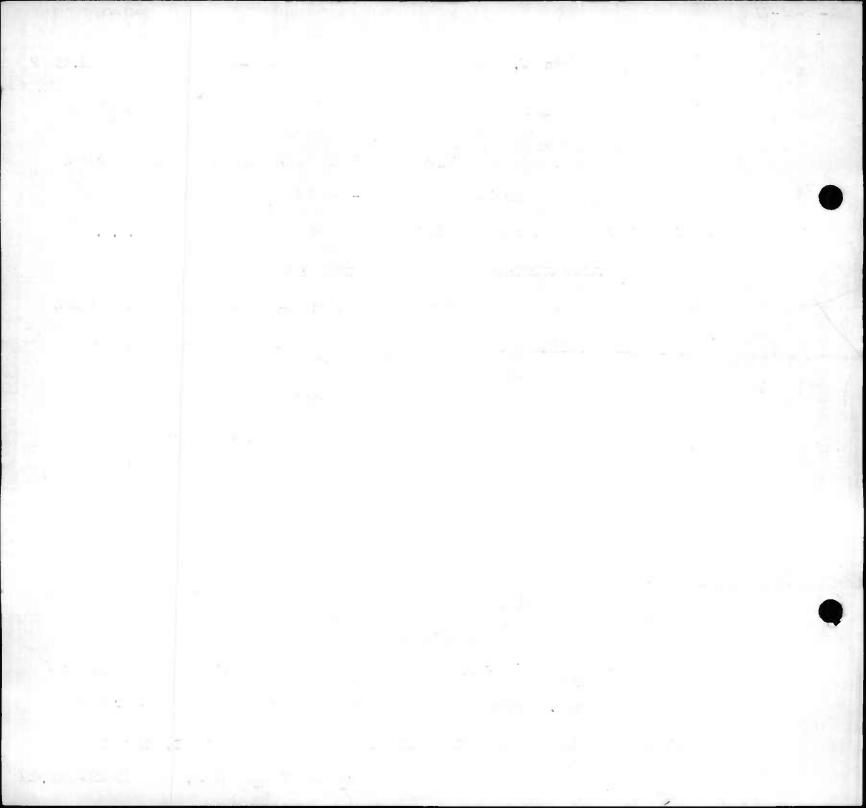
1/29/66

ARK WHEELERSBURG, VIRGINIA
25C. FUNERAL DIRECTOR

SC. FUNERAL DIRECTOR
WILKENSSS
HOBBARD EUNERAL HOME, 4107 WEEKENS AVE. #29

VS 150-REV. 1/1/65

BURIAL



of death Deceased

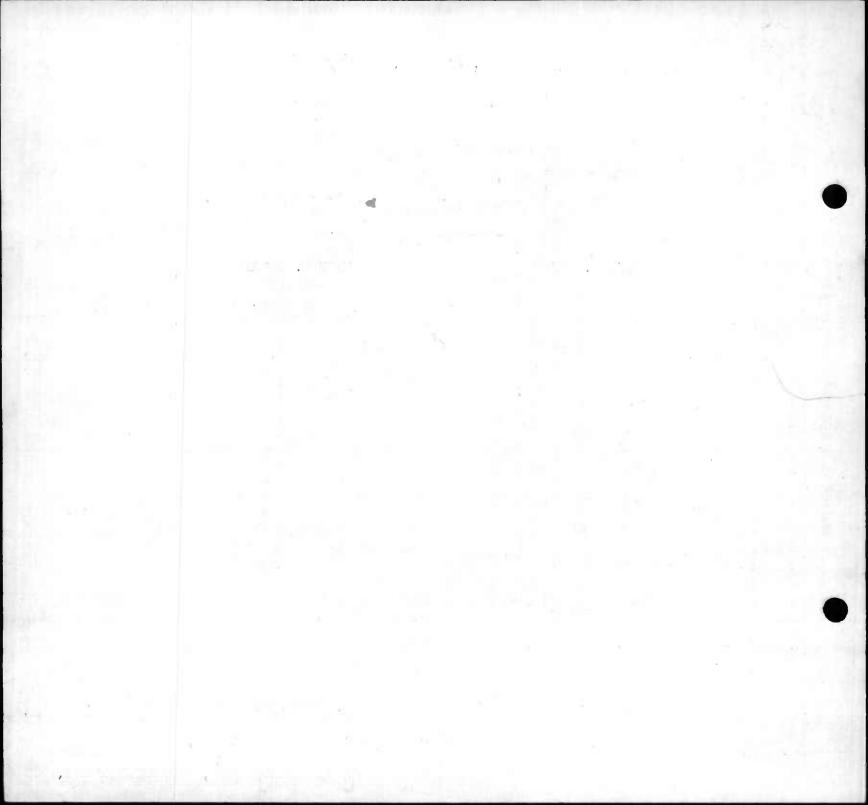
and

		BALTIMORE CITY	Y HEALTH DEPARTMENT	66 00964
	TH NO. 66 00964	CERTIFICA	TE OF DEATH Register	ed No.
1, N. (Typ	IAME OF DECEASED	QE L. (GRACE L.	CARTER) 2. DATE AND HOUR OF	
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAI	ND	A. STATE B. COUNTY	ved. It institution: residence before odmis
H	FULL NAME OF (If not in hospital or ins HOSPITAL OR oddress or location) NSTITUTION	titution, give street	C. CITY OR TOWN (If outside city limit	s, write RURAL and give lowpship)
1	LUTHERAN HOSP	DE MINULUS	BALTIMORE D. STREET ADDRESS (If rurol, give local	otion)
1		MARGUADO	1917- V PAYSO	ON ST 21217
5. S	W	ARRIED, NEVER MARRIED (IDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In ye lost birthday)	Months Doys Hours Mi
	USUAL OCCUPATION (Give kind of work 108.	KIND OF BUSINESS OR INDUSTRY	11. BtRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	e during most of working life, even if retired) OUSEWIFE		MARYLAND	U.S.A.
	FATHER'S NAME		14. MOTHERS MAIDEN NAME	
	DANIEL W. LUTZ		MARY B. BURTON	
15. V	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
, , , ,	NO		HERBERT (SON)	962 CIRCLE DR
	18. 33/XI	CAUSE C	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTL	LY	^	ONSET AND DEATH
	(This does not mean the mode of dyin heart failure, asthenio, etc. It means the injury or complication which caused deat	g, e.g., DUE TO diseose, h.)	Frantlite	
	ANTECEDENT CAUSES	(B)	Frantlote	
		DUE TO		
	DISEASES OR CONDITIONS, if any, rise to the obove couse (A) stoli UNDERLYING CONDITION last.			
ATION	rise to the obove couse (A) state UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED	ing the (C)		
RTIFICATION	rise to the obove couse (A) sloti UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	RIBUTING TO THE	20A. AUTOPSY? (Yes or No) 20B. IF YES IN CERTIFY	
AL CERTIFIC	rise to the obove couse (A) sloti UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examinet)	RIBUTING TO THE	20A. AUTOPSY? (Yes or No.) 20B. IF YES IN CERTIFY	
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VS 150-REV. 1/1/65

JAN 31 1966

24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (Stote) (City, town, or county) DRUID RIDGE CEMETERY MARYLAND 258. NAME OF REGISTRAR BALTIMORE, 25C. FUNERAL DIRECTOR ADDRESS FUNERAL HOME, 4107 WILKENS AVE.



RTANT	issistant if death f the direct or co y kind; (4) Undete d death was in r	ance on the dece
IMPC	Also, i re of an	attend
FUNERAL DIRECTOR: IMPORTANT	nust be approved by the chief medical examiner or his assistant if death of leased to the hospital by a medical examiner. Also, if the direct or co cident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undete hospital (except where the physician who pronounced death was in r	o death): and (6) No physician was in regular attendance on the dece
	leased cident hospit	o deat

Jan.	1					BALTIMORE CIT	HEALTH DEPARTMENT		00 000	noë.
13-	432	11		6 00965		CERTIFICA	TE OF DEATH	Registered No	66 UUS	200
	and eatlase ase th th	1, N	AME OF DECEA	SED			2. DATE	AND HOUR OF DEATH		
		(Typ	e or Print)	Bolton Jo	hn Rober	**	1-27-	-66	1 6:	:10pm м.
	hospital use of de (5) Dece- ance on death.	3. 1	LACE OF DEATH	Bolton, John BALTIMORE MA	ARYLAND	. 0	4. USUAL RESIDENCE (WI	here deceased lived. If ins		
	- 000						A. STATE B. COL	INTY	150 0 15	
	se (5) dend		FULL NAME OF	(If not in hospital address or location		give street	Maryland	. 1 4 1 4 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Parce	1:3
	a hos se; (5) endan to de		NSTITUTION	oddiess of localit	,,,,		C. CITY OR TOWN (If	outside city limits, write R	JKAL and give lown	ship)
	E 3	V	3	St. Agnes	Hospital		Baltimore D. STREET ADDRESS	If rural, give location)	22-6	7)
		1 0	1	Baltimore,	Marylan	nd 21229				
	contributing etermined care in regular att		- Id		To AAAAAAA	ALEVER AS A BRIDE	B. DATE OF BIRTH	9. AGE (In years	K 11-1-1 V- K	Hadas 24 Has
	occurre ontribut ermined regular regular is made	5. 5	EX 6.	RACE		D, DIVORCED (specify)		lost birthdoy)	If Under 1 Yr. If Months Doys Ho	Under 24 Hrs.
	ntrib rrmin egul ased		Male	White	Marri	ed	9/15/204	62 61		
	0 0 0 0			ATION (Give kind of working life, even if retired)				reign country)	12. CITIZEN OF WHAT COUNT	RY?
	or condet		Auto Med	chanic	Avis	Car Rental	Baltimore	, Maryland	U.S	
	d C C	13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	AME	0.00	
	nt if d direct 1; (4) U th way on the dispos		JOHN BOL	LTON			MARY LO	NG		
2		15	Was Deceased Ex	ver in U. S. Armed Fo	ucas?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
4	istant the di kind; death ce on nal di	(Ye	s, no or unknown) (If	If yes, give war or do	es of service)	215-05-070	4			
- X	assistant if the dir ny kind; (d death lance on r final di		no	none		217-07-070	St. A nes Emer	rgency Room Re	ecords Balt	.o. 29, Md
ō	any any		18.420	, / 1		CAUSE	OF DEATH		INTERVAL ONSET AN	BETWEEN D DEATH
9	lso, if of any of any unced			OR CONDITION D			7	, "	40	11 0
CTOR: IMPORTAN	Als Houndath	1		EADING TO DEATH		(A)	oronary Uhr	om bose	Jud	dery
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8	iner ner. actu pro ular mba		injury or compli	icotion which couse	d deoth.)	at	sia-ch. A. 1	11. Min		,
2	E L		AN	NTECEDENT CAUSE	S	DUE TO	consecue c			
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_	D. I. I. S. W. E.	ATION		CANT CONDITIONS						
S	f medical medical physician was			ATH BUT NOT REL		HE				
FUNERA	chief / a r Body the p	II S	19A. DATE OF O		NDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE F	INDINGS CONSIDER	ED
Z	chie by a Bod the hysic	ERTIFIC	0	WASTE	KIOKIVIED			III CERIII III CO CAC	JES OF DEATH.	
ī		0	21 A. ACCIDENT	WAS UNDERLYING	21	B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimore	City, give exact loc	otion)
		CAL	DEATH (notify m	nedicol exominer	etc					
	A 0 - 5 TO			Month) (Doy) (Year	(Hourl 21)	E. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?		
	hosk natu ept d (6)	MEDI	OF INJURY		w	hile At Not Wh	ile			
	ov e h n nd				w	ork L Al Worl				
						the deceased from	see /	1964 to 1-1		19.66
			that (1) (3630) la	ast sow the deceas	ed alive on.	see 22	19	that in (my) (%5%) apin	ion death accurre	d on the date
	be sed that o ut o pita eath		and haur and f	from the causes str	ated above.	(I) (WSX (BXd) (dld nat)	view the bady after death	3.		
	dent dent ospit dent must		23A. SIGNATURE			7 1			23 B. DATE SIGNED	1.
	50.540-		pol .	C MIRI Za	ugh.l	M.D. At	rending Med. Director	Stoff Phys.	1/28/	166
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		23C. PHYSICIAN NAME (Type	.7			23 D. ADDRESS			
	rificate y was r 1) An a 3.A. at d prior approv		NAME (Type	D.C. Ma	cLaugh	ilin M.D	303h,	Rolling 1	d- 21	228
	certificat sody was s: (1) An B.O.A. af ased pric	24/	BURIAL CREMA	ATION, 248, DATE	7 24C. N	AME of CEMETERY of CI			y, town, or county)	(Stote)
	T-1000 -		REMOVAL (Spe	ecify)			Park Cemt E			
			Burial		1,1966					
	This the I show was dece	25/	A. DATE REC'D BY	- 4	A.	OF REGISTRAR	STERLING	UNERAL EST	ATE	
	F = 0 5 0 5		1 2		No Kitter Ja	E. Nappartil	36, Edi	nondson Au,	Catonsui	lle
		VS	150-REV. 1/1/65				0 7 0 6	1		

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PROME AS

BIRTH NO. 66 00	466	HEALTH DEPARTMENT	s 00966						
M.E. CASE NO.	A.E. CASE NO.								
1. NAME OF DECEASED (Type or Print)		2, DATE AND HOUR OF DEATH							
GROCHOWSKI, Ja		January 28, 19	66 10:12 a N						
3. PLACE OF DEATH IN BALTIMORE, MAI	YLAND	4. USUAL RESIDENCE (Where deceosed lived, I A. STATE B. COUNTY	institution; residence before odmission						
HOSPITAL OR oddress or location	or institution, give street	Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)							
Veterans Administration	n Hospital		grand and grand and and and and and and and and and						
3900 Loch Raven Boulev		Baltimore D. STREET ADDRESS (II rurol, give locotion)							
Baltimore, Maryland 21		318 South Collington Av	enue						
	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs						
Male White	Never Married	10/27/08 lost birthday) 57	Months Days Hours Min.						
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Air-conditioning		12. CITIZEN OF WHAT COUNTRY?						
Pipe fitter	unknown	Baltimore, Maryland	U.S.A.						
13. FATHER'S NAME		14. MOTHERS MAIDEN NAME							
Frank Grochowski		Margaret Gardyza							
15. Was Deceased Ever in U. S. Armed Fore		17. INFORMANT	ADDRESS						
Yes 8/28/42-11/2	23/45 SECURITY NO. 217-09-0432	TA Wardhal Dannie Dal	Himana Manusland Ol						
18. / / 3 / /	CAUSE O	VA Hospital Records, Bal	INTERVAL BETWEEN						
1001		PEAIN	ONSET AND DEATH						
DISEASE OR CONDITION DIR	Camo	inoma of lung	2 years						
(This does not mean the mode of		THOMA OF LUIS	2 30010						
heart failure, asthenia, etc. It means injury or complication which caused									
ANTECEDENT CAUSES	(B) Acut	e & chronic bronchitis							
DISEASES OR CONDITIONS, if or rise to the obove cause (A)									
UNDERLYING CONDITION Iosi.	, , , , , , , , , , , , , , , , , , , ,								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Tuberculosis, old, bilateral, pulmonary,									
OTHER SIGNIFICANT CONDITIONS CONTINUES OF THE DEATH BUT NOT RELAUSING IT	nary,								
19A. DATE OF OPERATION 19B. CON WAS PERF		NO 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?						
U 21A. ACCIDENT WAS UNDERLYING		nore City, give exact location)							
DEATH (notify medical examiner) etc.)									
OF INJURY (Month) (Doy) (Year)	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
(APPROX)	While At Work At Work								
22. I certify that () (this hospital) attended the deceosed from January 25th 19 66 to January 28th 19 66									
that M (we) last sow the deceased alive an January 28th 19 66 and that in (my) (aur) opinion death occurred an the date									
	and hour and from the causes stated above. (1) (We) (did) (Alghar) view the body after death.								
	ed above. (7) (We) (did) (A)(A)(A)(A)	riew the body after deoth.							
23A. SIGNATURE	(2) N 1 115 AM		238. DATE SIGNED						
7 Midling	B. Ash. M.D. All	ending Med. Stoff Phys. Stoff	January 28, 1966						
23C. PHYSICIAN'S NAME (Type)	M.D.		Loch Raven Bouleva						
FREDERIC ASKIN		Raitimore Mai	7171 200 0 21210						
FREDERIC ASKIN	24C. NAME of CEMETERY OF CR	Baltimore, Man							
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CRI	EMATORY 24D. LOCATION	(City, town, or county) (Stote)						
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or CRI Most Holy Redeem 258. NAME OF REGISTRAR	EMATORY 24D. LOCATION	(City, town, or county) (State)						

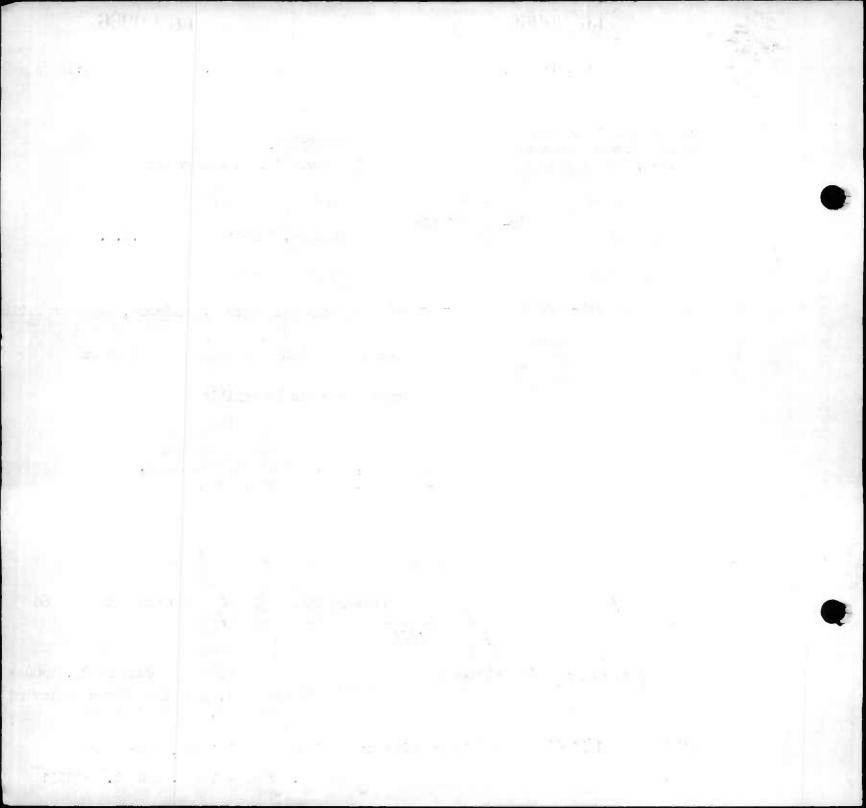
Most Holy Redeemer

258. NAME OF REGISTRAR

2. Holy Redeemer 1/31/66 H DEPT. REC'D BY 1966 6 EB

#21231 705 S. Weber George -

VS 150-REV. 1/1/65



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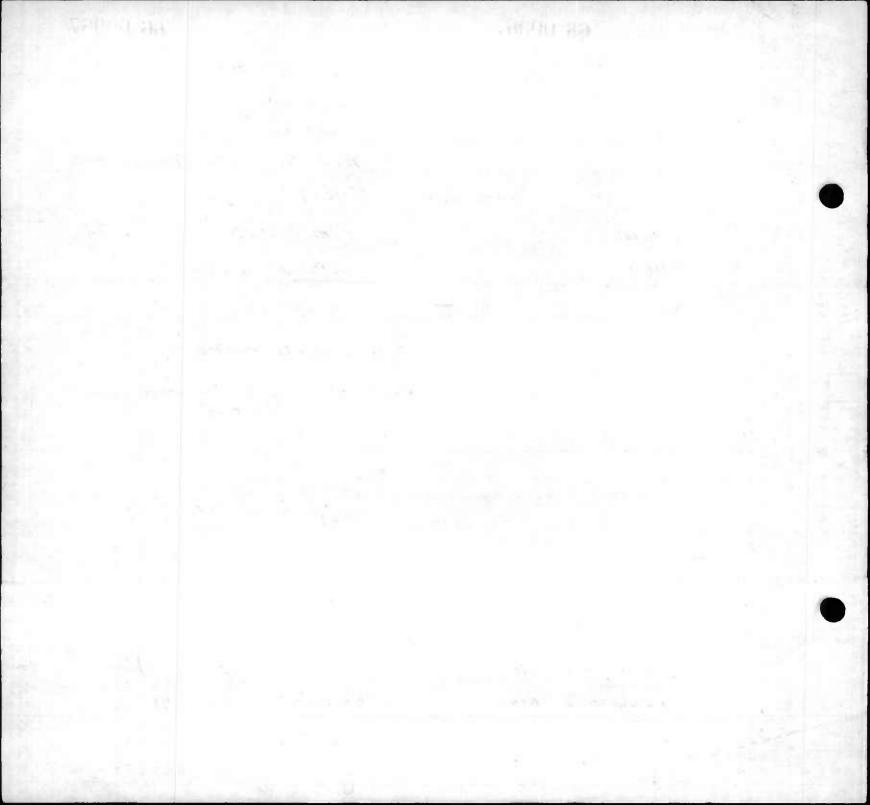
to the hospital

the body was released

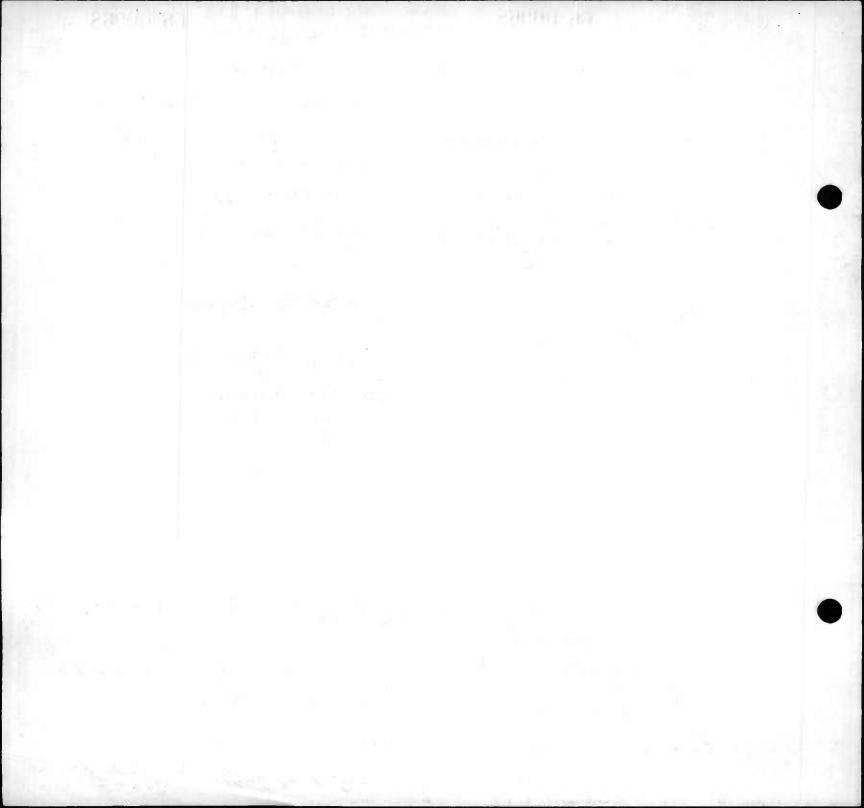
must

certificate

BALTIMORE CITY HEALTH DEPARTMENT 66 00967 Registered No. CERTIFICATE OF DEATH BIRTH NO. pital and of death Deceased the Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 0 death. USUAL RESIDENCE (Where deceased lived. If institution; residence before odmission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND ance (2) MARYLAND (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If autside city limits, write RURAL and give tawnship) cause; attend 10 INSTITUTION CANOLINE COUNT UNIVERSITY prior D. STREET ADDRESS (If rurol, give location HENDYSUSON Undetermined regular mad 9. AGE (In years 7. MARRIED, NEVER MARRIED 5. SEX 6. RACE If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours eceased WIDOWED, DIVORCED (specify) lost birthdov m MAKRIED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition = done during most of working life, even if retired) USA MANYCAND ŏ ARMER Was the 13. FATHER'S NAME (4) AMES CLEAVES death 0 kind; 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) final SECURITY NO. attendance any pronounced INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH 45% RS fracture (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, gular injury or complication which caused death.) ANTECEDENT CAUSES ho 0 are DISEASES OR CONDITIONS, if ony, giving 3 rise to the obove cause (A) stoling the physician UNDERLYING CONDITION IOSI. the remains WOS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B, IF YES, WERE FINDINGS CONSIDERED the WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 3 Boltimore City, give exact location) where ŝ MEDICAL DEATH (notify medical examiner) etc.) nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While At (APPROX.) Work At Work and any 22. I certify that (47(this hospital) attended the deceased from clausice 23 19 66 10 famary 27 19.626 pe that [(we) lost saw the deceased alive an...ond that in (mix) (aur) apinian death accurred an the dote of death) hospita and hour and from the causes stated above. (We) (did) (did) view the bady after death. must accident 23A. SIGNATURE 236 DATE SIGNED enrest & dies Attending Med. Stoff M.D. 0 deceased prior to written approval Phys. Director 8 23 C. PHYSTEIAN'S 23D. ADDRESS at NAME (Jype) An UNIVERSIT KENNETH E. MOTT AUS MITHE M.D. 24A. BURIAL CREMATION, 24B. DATE OF CREMATOR 24C. NAME of CEMETERY 24D. LOCATION (City, town, or county) Ö REMOVAL (Specify) shows: Ö WOS ADDRESS 25C. FUNERAL DIRECTOR



		66 0096	BALTIMORE CITY	HEALTH DEPARTMENT	00	00000
BIRTH NO		00 0000	CERTIFICA	TE OF DEATH	Registered RG	00308
M.E. CAS				V		
(Type or P	OF DECEASED			1-26	D HOUR OF DEATH	
3	CHENKEL	MK. WIC	BUR O.			M
3. PLACE	OF DEATH IN BALT	IMORE, MARYLAND	•	A. STATE B. COUN	TY	itution: residence before admission)
FILL	NAME OF (If not	t in hospital or institu	Iting our steat	MARYLAND	BAL	To. Co.
HO SPIT	AL OR oddre	ss or locotion)	onton, give sheet	MARYLAND C. CITY OR TOWN (If out	side city limits, write RU	JRAL and give township)
INSTITU				RAITIMORE	212	118 20-11
4 \$	ON SELO	URS HOS	PITAL	BACTIMORE D. STREET ADDRESS (III	rurol, give location)	20
				200 PRESTO		
5. SEX	6. RACE	- WID	RRIED, NEVER MARRIED OWED, DIVORCED (specify) ARRIED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
			D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
lope durin	most of working life or	ven if retired)	21.	BA TINI DA	_	WHAT COUNTRY?
ERUI	T GROWERS	EXPRESO 1	THILWAY	BALTIMORE 14. MOTHERS MAIDEN NAM	= , MD	4,5
3. FATHE	R'S NAME			14. MOTHERS MAIDEN NA	ME	
SAI	MUEL SC.	HENKEL		LYDIA W.	RIGHTLER	
			19 /	/		
5. Was L Yes, no or	Deceased Ever in U. S unknown)(If yes, give	Armed Forces? wor or dotes of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NI	7			HOSPITAL 1	RECORDS	
18.			CAUSE O	E DEATH		INTERVAL BETWEEN
10./	63 X		CAUSE O	DEATH		ONSET AND DEATH
1	DISEASE OR CON		100	1 1-0- 2 -	T. C	
471	LEADING		(A) / VU	terració ine	un Tumes	
	does not mean the failure, asthenia, et			- 0		
	ar camplication w			a of Li	1 6	
	ANTECEDEN	NT CAUSES	(B)	a of ou	aug .	
DISE	ASES OR CONDIT	TIONS II ony	nivina	ff	0	
	to the obove			7		
UND	ERLYING CONDITION	ON lost.	000000000000000000000000000000000000000	~	9 aa aa a ya ya y - go y y 000 00 00 00 00	
	1	1				
Z OTH	ER SIGNIFICANT CO					
	THE DEATH BUT		O THE			
	DATE OF OPERATION		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES. WERE FI	NDINGS CONSIDERED
19A.1		WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
# O	ACCIDENT WAS IN	DESI VILLO	TOTAL BLACE OF THE TANK		Of the Publisher	City of the second
OP C	ACCIDENT WAS UN ONTRIBUTING TO CA		home, form, foctory, street, of	ffice bldg., INJURY OCCUR?	(II in Boltimore	City, give exoct locotion)
	H (notify medical exa		etc.)			
0 21 D.	TIME (Month) (I	Doy) (Year) (Hour	21E, INJURY OCCURRED	21F, HOW DID INJ	URY OCCUR?	
S OF IN	NJURY	,	While At Not While			
(APPI	ROX.)		Work At Work			
22. 1	certify that (1) (th	is haspital) atten	ded the deceased from	12- 25	1965 to	1 - 26 1966
			1. 26	10/6 14	-	
Thor	(I) (we) last sow t	ne deceosed dilv	e on	and th	at in (my) (aut) opini	ian deoth occurred on the dot
and	hour and from the	couses stated abo	ive. (I) (We) (did) (did not) v	riew the body after deoth.		
23A.	SIGNATURE	2-1				23B, DATE SIGNED
	of allun	ely	M.D. Atte	ending Med.	Stoff X	1-26-66
226	//		Phy		rny s.	, -0 0 0
230.1	NAME (Type)			23D. ADDRESS	110	
	JAIME. 1	ACCINE 11.	M.D.	por seeous	perp.	
24A. BUR	IAL CREMATION, 24	4B. DATE	AC. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (City	r, town, or county) (Stote)
	NOVAL (Specify)	11.011.	1	10/2 17	10	,
50.	RIAL 1	1/29/66	LOUDON PA	RK 5	ALTO, MI	•
25A. DAT	E REC'D BY HEALTH	DEPT. 258. N.	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	Din.	FREDERIKK PL
5.5	B 1 1966	(D. B. D.	Fr. D. MA C.	~ to sommen	VADD 301	FREDERIKK Rd
VE 150 B	EV 1/1/65	LOCALA CO	ACCOUNT NO.	11-11-11-11-11-11-11-11-11-11-11-11-11-	700	7/228
42 120-K	EV. 1/1/65				~	



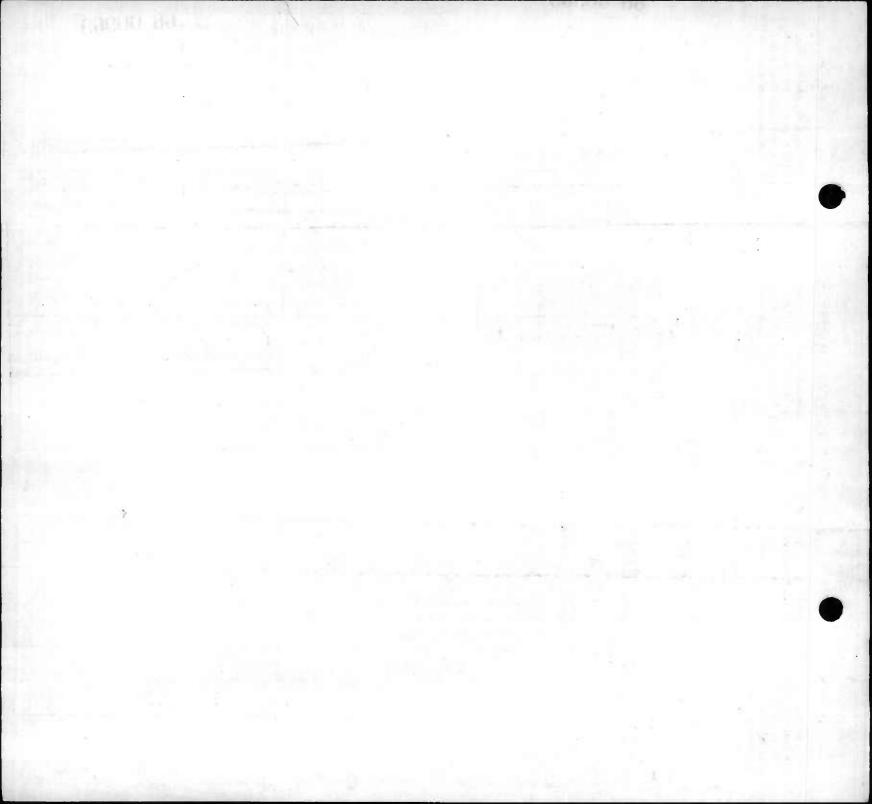
0300	BALTIMORE	CITY	HEALTH	DEPARTMENT

00

CC 00000

IRTH NO.	1-1006	9	CERTIFICA	TE OF DEATH	Registered No	10_00969		
A.E. CASE NO.	V POOL O	-		2. DATE A	ND HOUR OF DEATH	1		
ype or Print)	Jane F	rance	s Early	1/2	6/66 3:	55 P.M.		
PLACE OF DEAT	H IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WH	ere deceased lived. If	institution: residence before admission		
				Maryland	NII	10-173		
FULL NAME OF HOSPITAL OR	(If not in hospital oddress or location	or institution,	give street		utside city limits, write	RURAL and give township)		
INSTITUTION	1206 W. I	ombar	d St.	C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore				
)	Baltimore				f rurol, give location)	/		
	Dar ormor 6	00,	In C.	1206 W. Lombard St.				
SEX 70	RACE		D, NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.		
r	White	S	ingle	Aug 26,1389	76			
	ATION (Give kind of work orking lile, even if retired)			11. BIRTHPLACE (State or for	-	12. CITIZEN OF WHAT COUNTRY?		
S.c.		h.J.	Frederick	Maryland				
FATHER'S NAME	•			14. MOTHER'S MAIDEN NA	AME			
Tho	mas V. Ear	ly		Lucinda	Jane Daig	er		
Was Deceased E	ver in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
no	If yes, give wor or date	s of service/	SECURITY NO.	Miss Marie G	.Cox,1206	W.Lombard St.		
18. 44 26	4 44		CAUSE	OF DEATH		INTERVAL BETWEEN		
DISEASE	OR CONDITION DIE	ECTLY		2		ONSET AND DEATH		
	EADING TO DEATH		IN T	ulmonon	y ledim	ce.		
	I mean the made of		, DUE TO	0/				
	sthenio, etc. It means lication which caused			mag fi	1			
	NTECEDENT CAUSES		(B)	Morneel w	(100			
			DUE TO	A OI				
	abave cause (A)		(C)	Melneet n Cor Puln	ronole			
	CONDITION last.							
	11							
OTHER SIGNIFI	CANT CONDITIONS C							
	ATH BUT NOT RELA ONDITION CAUSING I		HE					
19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or h	No) 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?		
19A. DATE OF C								
OR CONTRIBUT	T WAS UNDERLYING [ING [CAUSE OF nedicol examiner)	21 ho	me, form, foctory, street, o	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exoct locotion)		
	(Month) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
21 D. TIME (OF INJURY (APPROX.)		w	hile At Not Whi					
22. I certify the	hot (1) (this hospital		the deceased from		1965 to 1	126 1966		
	ost sow the deceose		1 .7.0	1966 ond		pinian deoth occurred on the de		
ond hour ond	from the causes sto	ed obove.	(1) (We) (did) (did not)	view the body ofter death	•			
23A. SIGNATUR	EP		/			23 B. DATE SIGNED		
0	tonlul 1	to the		tending Med. Director	Stoff	1.01 Polofo		
23 C. PHYSICIAN	rs		7 /	23D. ADDRESS	Phys.	1 60.00		
NAME (Typ		บปลอ	M.D.		altimore S	St.		
	ATION, 248. DATE		AME of CEMETERY of CE			City, town, or county) (State)		
REMOVAL (Sp Buria	ecify)		ew Cathedral		Baltimore,			
	BY HEALTH DEPT.	25B, NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	OR .	ADDRESS		
FED 4	1066 0 0	1-83	GARANTA .		e Funeral	Home .		
F.F.B	1000 U .K M.D	The water in	1 18 (1) /	7 0 A A		1915 W. Balto. S		

1955 VS 150-REV. 1/1/65



deceased prior to death); and (6) No physician was in regular attendance on the deceased prior

(except where the physician who pronounced

a hospital

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was D.O.A. shows: (1)

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VS 150-REV. 1/1/65

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death

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occurred in a hospital

			TY HEALTH DEPARTMENT		00 000
BIRTH NO.	66 0	0970 CERTIFIC	ATE OF DEATH	Registered No.	66 00970
M.E. CASE NO.	CEASED		2. DATE A	ND HOUR OF DEATH	
(Type or Print)		N. BROWN		26, 1966	
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Who	ere deceosed lived. If in	stitution: residence before admissi
4423 (Old York Bos	ıd	A. STATE B. COU	NTY	2711
FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospital and oddress or location	or institution, give street	Maryland C. CITY OF TOWN (If or	utside city limits, write f	RURAL ond give township)
*			Baltimore		
()				tural, give location)	
			4423 01d	York Road	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H
Male	Colored	WIDOWED, DIVORCED (specify)	Dec.241878	lost bightdoy	Months Doys Hours Min.
		10B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Labo:	of working life, even if retired)		Maryland		U.S.A.
13. FATHER'S NA			14. MOTHER'S MAIDEN NA	ME	
	uel Brown		Rachel Moore		
Yes, no or unknov	ed Ever in U. S. Armed For wn)(If yes, give wor or dote	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			MRs Vertell	e Hall 442	3 Old York Rd.
18.27	0.01	CAUSE	OF DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION DIR	RECTLY			ONSET AND DEATH
Dist	LEADING TO DEATH	ALC ILI	is resulte		110
	not mean the mode of	dying, e.g., DUE TO		\$\$0.0 0000000000000000000000000000000000	
	e, osthenia, etc. It means amplication which coused	the disease,		1.21	
111/01/ 01 00	ANTECEDENT CAUSES	(B) (N)	transcoute	Bart Den	2 / 00
			the large of the control of the cont		
	OR CONDITIONS, il				
	NG CONDITION last.	siding ine (C)			
	11				
OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTING			
O THE DISEASE O	DEATH BUT NOT RELA	TED TO THE			
U 19A. DATE C	OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	lo) 208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
A TIE	WAS PERI	FORMED		IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING	218. PLACE OF INJURY (e.g	, in or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
	BUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?		
U					
OF INJURY	(Month) (Doy) (Year)	The state of the s	21 F. HOW DID IN	JURY OCCUR?	
(APPROX.)		While At Not W	hile ork		
22 1	by that (1) (this hasnied			19/1/ 1- /	-n/ 10//
AL (1) /	a) less south de) ottended the deceosed from	10//	10	-26 1966
1		d olive on			nion deoth occurred on the d
		red obove. (I) (We) (did) (did not) view the body ofter death.		
23A. SIGNAT	TURE				23B. DATE SIGNED
1 del	1 anche	Pulling M.D.	Attending Med. Director	Stoff Phy s.	1/27/11
23C. PHYSIC	IAN'S	July 4 st	23D. ADDRESS	,	1 1 1 100
NAME	(Type)	112 Phillips M.	o to a his	ne 1- 01	Pat 4.
	G-nank	11/6/11/11/195	1200111111	10 olay st.	USAMI Mind.
24A. BURIAL CE REMOVAL	REMATION, 24B. DATE	24C. NAME OF CEMETERY OF	CREMATORY 24D.	LOCATION (C	ty, town, or county) (State

6 Arbutus Mem. Park Burial 1-29-66 FEB

Arbutus. Balto.Co., Md,

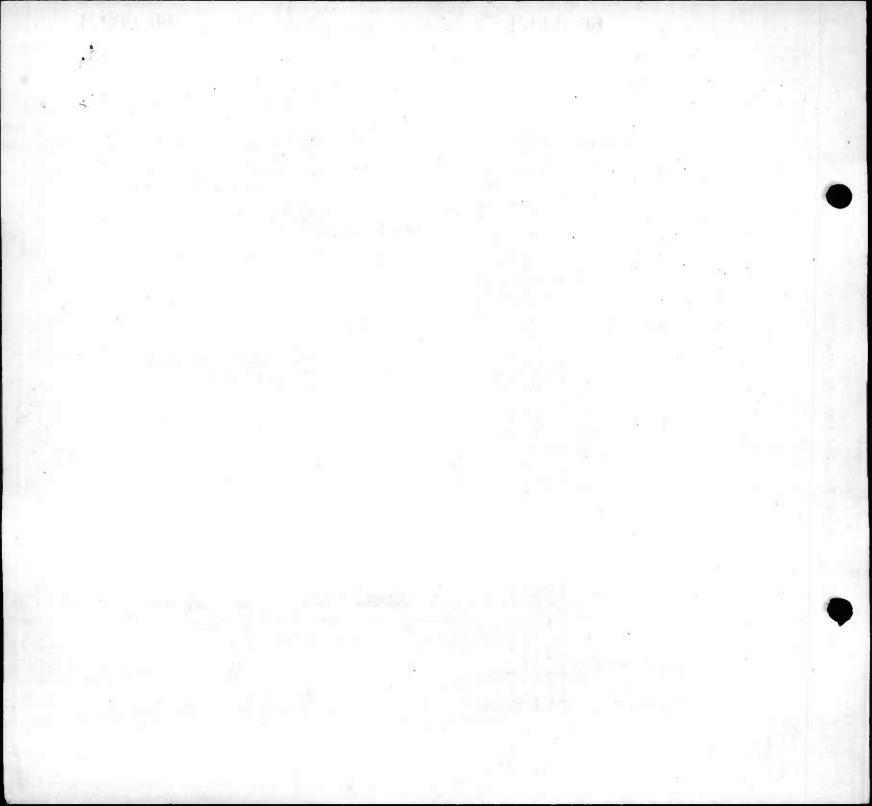
25C. FUNERAL DIRECTOR (Mrs) Frances A. Hemsley 578 W. Biddle St.

Tea. 140 FF 1785

FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

			0 111	Chime	B.	LTIMORE	CITY HEAL	TH DEPARTM	ENT		00 0	0024
M.E.	NO.		6 00	971	C	ERTIFIC	CATE	OF DEA		Registered No.	00 0	09/1
1.NA	or Print)	Felen	600	y o	JOHO	SON			1/27	HOUR OF DEATH		GOFP M
FL	JLL NAME OF OSPITAL OR	(If not i		r institutio	on, give stree	1	A. STA		COUNT	deceased lived. If in	/	5-03
	Li	ther.	an lo	lospi	tal		D. ST		MO	The second second		- 1
5. SE	Fe	6. RACE			ED, NEVER I			E OF BIRTH	9	AGE (In years	If Under Months	
done	during most of w	making life, ever		OB, KIND	of BUSINE	S OR INDU	TA	E ENT	on	S.C.	12. CITIZ WHA	TEN OF AT COUNTRY?
13. F	TINK	now	n				14	NKN	DEN NAN			
15, W (Yes,	vos Deceased no ar unknown)	Ever in U. S. (If yes, give	Armed Forc war ar dates	es? of servic	e) 1 6. SOC	IAL URITY NO.	17. IMF	ONA O	PRI	995 1822	3 Rus	NTON ATE
		E OR COND		CTLY		CAU	SE OF DEA			atralitis?		
	(This does no heart failure, o injury or comp	osthenio, etc.	It meons	the disec		DUE TO			Ca o	F Colon?	001.45-4	
	DISEASES O	NTECEDENT		av siv	ina	DUE TO)	*************				
	rise Ia Ihe UNDERLYING	above co	use (A)			(C)		***************************************				
ATION	OTHER SIGNIF	ATH BUT	NOT RELAT	TED TO	TING THE	Elector	vhte, d-ati	subala	nel			
	19A. DATE OF	OPERATION	198. CONE		OR WHICH O	PERATION	207	AUTOPSY? (Y	es or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS USES OF D	CONSIDERED DEATH?
U	21 A. ACCIDEN OR CONTRIBU DEATH (notify	TING CAU	SE OF		218. PLACE (home, form, etc.)	of INJURY (foctory, stre	e.g., in ar abo et, affice bld	g., INJURY OC	DID CUR?	(If in Baltimor	e City, give	e exact location)
MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Do	ay) (Year)	(Hour)	While At Work	1 Not	While Work	_	DID INJU	JRY OCCUR?		
	22. I certify that (1) (we)				-7	sed from	2 -	19 66		of in (my) (our) op		h occurred on the dote
1	ond hour ond		uses stote	od obove	. (IY (Wo))	did) (did n	- Net -	e body ofter Med.		Stoff 1	23B, DAT	E SIGNED
	23C. PHYSICIAI	N'S pe)	2 181	h	77		Phys. 23D. At	Direct		Phys.	1/	4,1
24A.	BURIAL CREA	AATION, 248	DATE	240	NAME of			RY	24D, LC	DOMINON IC	ity, town	r county) (State)
X	EMOU	AL	1/29/	56	1008	210	nti	rurch	12	unhon	-0	C.
3/4.	FEB 1	1966	DEPT.	25B, NAA	TENTO	MAG	250	C. FUNERAL D	IRECTOR	Poly co	7	ADDRESS
VS 1	50-REV. 1/1/6	5		1								



BIRTH NO. CC	nn97MEDI		MINER'S C			EATH Registe	red No	972
M.E. CASE NO.	0001112							
1. NAME OF DECEA		М.			2. DATE AND	HOUR PRONOUNCE		
	Albert	Leimkuh				1/28/66		4:55 a. M.
3. PLACE IN BALTIM				A. STATE	ence (Where aryland	deceosed lived. If insti B. COU	NTY	e before odmission
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITUTION TION)	I, GIVE STREET	C. CITY OR TO		corporate limits, write	RURAL and g	ive township)
4				D. STREET ADD			1 500	
U1	nion Memoria	al Hospita	1	2	2870 Pel	ham Ave.		
	RACE White	7. MARRIED, NEV	RCED(specify)	B. DATE OF BIRT		9. AGE (In years lost birthday) 67		r. If Under 24 Hrs.
	ATION (Give kind of work	MATT		9/18/1		7	12. CITIZEN	O.F.
done during most of work	ung life, even if retired)	Arundel		Balti	more,	Md.	WHAT C	
13. FATHER'S NAME				14. MOTHER'S M				
Fer	dinand Le	imkuhler			Marg.	aret Heine	5	
15. WAS DECEASED (Yes, no or unknown) (If		s of service) S	O CIAL ECURITY NO.	17. INFORMANT			ADDRESS	
		212-	01-5046	Margue	rite H	auf Leimk	uhler, v	wite, abo
18. Lef 2	2.1		CAUSE	OF DEATH				TERVAL BETWEEN
DISEASE	OR CONDITION DI	RECTI Y						ISEI AND DEATH
L	EADING TO DEATH		Arterio	osclerotic	cardio	vascular di	sease	
heort foilure, os injury or compli	meon the mode of thenio, etc. It meons icotion which coused of the course of the cours	the disease. death.)	DUE TO					
RISE TO THE A	CONDITIONS, IF A ABOVE CAUSE (A) ST CONDITION LAST.	NY, GIVING ATING THE	DUE TO	00-0-0-0-0-0-0				**************************************
6			(•••••	
O THE DE	II CANT CONDITIONS ATH BUT NOT REL CONDITION CAUSING	ATED TO THE						
00	PERATION 198, CON		H OPERATION	20A. AUTOPSY		20B. IF YES, WERE FII IN CERTIFYING CAUS		
O UNDERLYING OUTING CAUSE	R CONTRIB-	218. PLAC home, for etc.)	CE OF INJURY (e.g., m, foctory, street,	in or about 21C. V office bldg., INJURY	YHERE DID (OCCUR?	If in Boltimore City, gi	ve exoct location	on)
21 D TIME (A OF INJURY (APPROX.)	Month) (Doy) (Year	(Hour) 21 E. II	AT NOT	WHILE	DENI DID WO	RY OCCUR?		
22.								
1 certify	that I held on I	nquiry Ins	spection X Au	topsy one	d that on thi	s bosis, death In m	ny opinion	
resulted	from: Notural cou	ses 🔀 Accid	lent Suicld	le Hamici	de U	ndetermined monne	er 🗌	
ACTUAL SIGNATUR	- Welson	4 n - 8	2-(-	ASSISTANT M	EDICAL EX		0	ATE SIGNED
EXAMINER NAME (Typ	Werner U.	Spitz, M	.D	ASSOCIATE M			1/28	8/66
23A, BURIAL CREMA REMOVAL (Specify)	The second secon		ME of CEMETERY of			Baltimore	town, or count	ty) (State)
Burial						Dartimore		DECC
FEB 1	1966 (P. P.	24B, NAME OF R		Schi		Funeral H ehms Lane		nc.
VS 151-REV. 1/1/65		1 9 6	600	000				

7/ You . Stoly togisher Complety . Baltingrap . No. 1 Sent remote set offer contain those

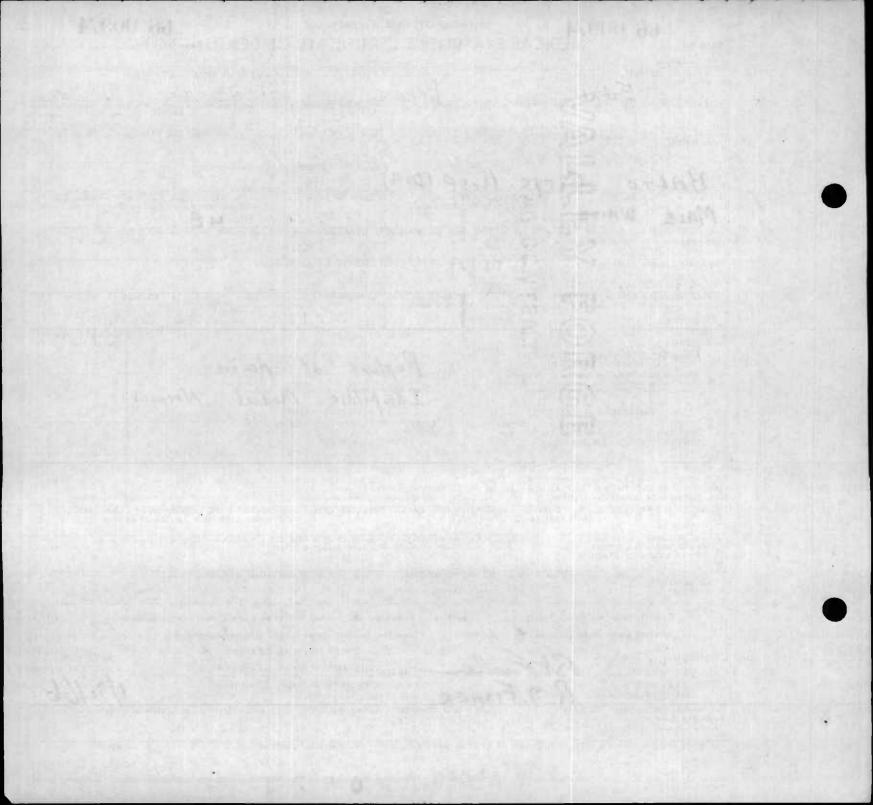
BIRTH NO. 66)09/3 MEDI	CAL EXAMINER'S CI		OF DEATH Registe	ob 009/3
M.E. CASE NO.	ASED H.	\$ ₀	12.04	ATE AND HOUR PRONOUNC	FD DEAD
(Type or Print)	GRAHAM LAWR	ENCE		January 27, 196	
3. PLACE IN BALTIN	ORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE A. STATE Mary 1	B. COL	itution: residence belore admissio
FULL NAME OF HOSPITAL OR INSTITUTION	((F NOT (N HOSPITA	AL OR INSTITUTION, GIVE STREET TION)		f outside corporate limits, write	RURAL and give township)
1610	Shakespeare	St.	D. STREET ADDRESS	(If rurol, give locotion) Shakespeare St.	
male	king lite, even il retired)	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Separated 108. KIND OF BUSINESS OR INDUSTRY THE OF Education	8. DATE OF BIRTH 12/10/190	9. AGE (In years lost birthday) 65	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
13. FATHER'S NAME	Frank La		14. MOTHER'S MAIDEN		
	EVER IN U.S. ARMED	FORCES? 16. SOCIAL		5 St. Augusti wrence, son	ine Lane, 22
(This does not head foilure, a injury or comp AN DISEASES OF RISE TO THE UNDERLYING OTHER S(GNII)	meon the mode of sithenio, etc. It meons licotion which coused TECENDENT CAUSE R CONDITIONS, IF A BOVE CAUSE (A) ST CONDITION LAST.	\$ (B)	rocaseous tu	se berculosis (by	history)
DISEASE OR	CONDITION CAUSING	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes	or No.) 20B. IF YES, WERE FII	
O UNDERLYING CAUSE	R CONTRIB-	218, PLACE OF INJURY (e.g., home, lorm, foctory, street, o	in or obout 21C. WHERE	DID (If in Boltimore City, gi	ve exocl location)
2	Month) (Doy) (Year		WHILE	ID INJURY OCCUR?	EXTORATE
ACTUAL SIGNATUI	R's Rudiger F	Inspection X Autorises X Accident Suicide Suicident M.D. Sreitenecker, M.D.	opsy ond those Homicide CHIEF MEDIC ASSISTANT MEDIC ASSOCIATE MEDIC	AL EXAMINER AL EXAMINER	
23A. BURIAL CREMI REMOVAL (Specify) Burial	23B. DATE 1/31/	23C. NAME of CEMETERY of Balto. Nat.		Baltimore, I	town, or county) (Stote)
FEB 1	1966 P.	248, NAME OF REGISTRAR		rector Funeral He c. Madison St	
V\$ 151-REV, 1/1/65		266600	000	6	

Painter Board of Education Portenauth, Va. Sent of tempor . It is not to be a sent to the sent to moe . Sentanel Minnel / Servationis . Servater BM , Drowning to Mar. Com. Baltimore, Md. 26.01 mos then . . 10ac

BALTIMORE	CITY	HEAITH	DEDA	DTMENIT
DALLIMOKE		TIECHTI	DLI /	ALC I VALLE I A I

66 00974

	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print)	5 70
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland 26-36
HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTO CITY HOSP. (DOA	D. STREET ADDRESS (If rurol, give locosion) 6767 Graceland Avenue
6. RACE WIDOWED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months, Doys Hours, Min.
10A. USUAL OCCUPATION (Give kind of work to B. KIND OF BUSINESS OR INDUSTION during most of working life, even if retired) Conductor Penn.FR	Duncansville Pa. WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Arthur A.Piper	Ora Helsel
5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give wor or dotes of service) WWII 16. SOCIAL SECURITY NO.	Minnie Piper 6767 Graceland Ave
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	pture of ADRTA-
ZIA, EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g.	20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? , in or obout 21C, WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
m. WORK AT	21F. HOW DID INJURY OCCUR? WHILE
resulted fram: Natural causes Accident Suici	de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 1/30/66
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY CHARL (Specify) 2-2-66 Caklawn Co	or CREMATORY 23D. LOCATION (City, town, or county) / (Stote)
"Durial" 2-2-66 Caklawn Co	emetery Paltimore, Maryland



Such

to death.

on the

		BALTIMORE CIT	Y HEALTH DEPARTMENT		
	TH NO. 66 \$1975 3	CERTIFICA	ATE OF DEATH	Registered Na.	66 00975
1. N	AME OF DECEASED	Itin		1-2/1-66	
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	7.071		re deceased lived. If i	institution; residence before odmission)
	FULL NAME OF (II not in hospital or institut HOSPITAL OR NSTITUTION	ion, give street	15.141	0	RURAL ond give township)
2	Sina: Hosp	ital	D. STREET ADDRESS (If	ork Crural, give location) Lew Often	Ave
5. 5	MAKE WAITE WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday) 47	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
	. USUAL OCCUPATION (Give kind of work 10 B. KIN) e during most of working life, even if retired) MERCHANT MARINE	SHIPPING	BALTIMORE, I		12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME JACOB MILLER		14. MOTHER'S MAIDEN NAM		
15. (Ye	Was Deceased Ever in U. S. Armed Farces? s,na.grupknawn) (If yes, give war ar dates of serv WW 2 ARMY	ce) 1 6. SOCIAL SECURITY NO.	MRS. FANNIE A	MILLER 411	ADDRESS 5 NEWBERN AVENUE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi rise to the above cause (A) stating UNDERLYING CONDITION last.	e.g., DUE TO ose, (B) DUE TO	of Death Tolgeyttenin	rla	INTERVAL BETWEEN ONSET AND DEATH
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTORSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., hame, larm, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If ^E in Baltima	are City, give exoct location)
MEDICAL	21 D. TIME (Manth) (Doy) (Year) (Haur) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At		URY OCCUR?	
	22. I certify that (1) (this hospital) ottend that (1) (1) last saw the deceased alive and haur and from the causes stated above	an 1/26	19 66 and the	19 6 to	finian death occurred an the date
	23A. SIGNATURE Conard Joseph	ley M.D. A.	ttending Med. Director	Staff Phy s.	1-26-66
	23 C. PHYSICIAN'S NAME (Type)	44; MD	23D. ADDRESS	Ala a	B. Mr. B.

TIFERETH ISRAEL ANSHE SFARD

ROSEDALE, MARYLAND

BROS. INC. 6010 REISTERSTOWN RD

24D. LOCATION

258. NAME OF REGISTRAR

VS 150-REV. 1/1/65

1/27/66

24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL

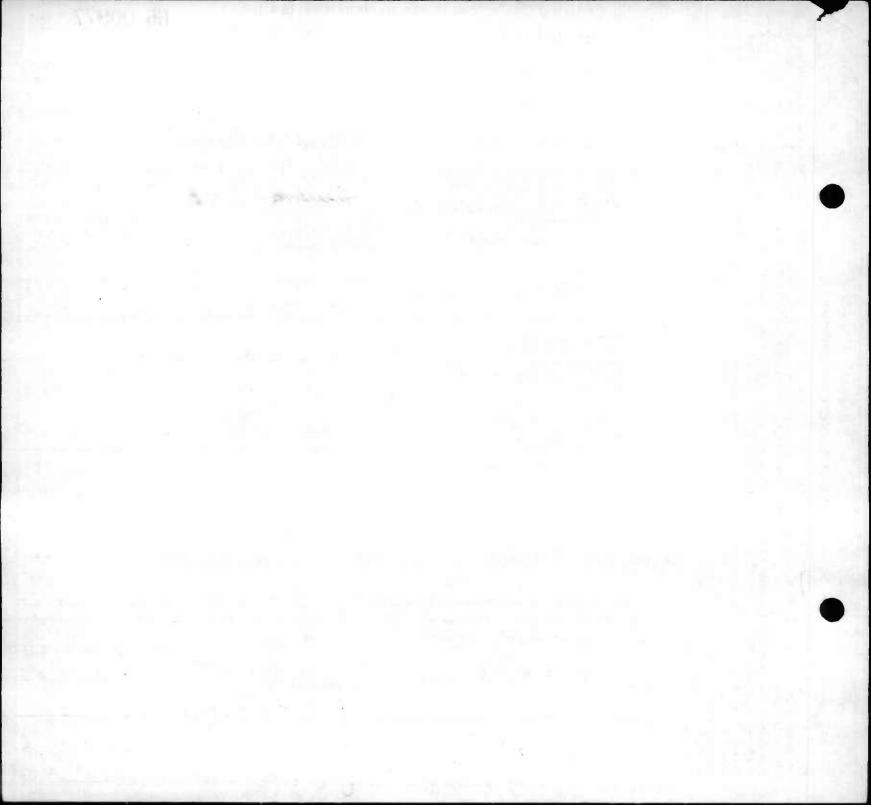
C.C.II. St.

	BALTIMORE CITY HEA	LTH DEPARTMENT	66 00976
BIRTH NO. 66 UUS MED	ICAL EXAMINER'S C	CERTIFICATE OF DEATH Regis	tered Na
M.E. CASE NO.			
1. NAME OF DECEASED		2. DATE AND HOUR PRONOUN	
ELI ABRAHA 3. PLACE IN BALTIMORE, MARYLAND, W		January 26, 19	1910
S. FLACE III BALTIMORE, MARIEAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. CC	DUNTY
FULL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If autside carparate limits, w	rite RURAL and give township)
INSTITUTION		Baltimore	, ,
		D. STREET ADDRESS (If rural, give lacation)	
Sinai Hospital		4913 Palmer Ave.	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE in year	s If Under 1 Yr. If Under 24 Hrs. Manths, Doys, Haurs, Min.
male white	Married	64	
dane during most of werking life, even if refired)			12. CITIZEN OF WHAT COUNTRY?
	Meat	Russia	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Isaac Abraham	50.050	Bertha Rachel ?	
(Yes, no ar unknawn) (If yes, give wor or dote	s of service) SECURITY NO.	17. INFORMANT	ADDRESS
	215/05/1333	Mrs Minnie Abraham S	Same
18.4221	CAUS	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY		
LEADING TO DEATH	dying, e.g., DUE TO	iosclerotic cardiovascular	disease
(This does not mean the made of heart failure, asthenia, etc. It means injury or complication which caused	the discose, deoth.)		
ANTECENDENT CAUSE			
DISEASES OR CONDITIONS, IF A	NY, GIVING (B)	•••••••••••••••••••••••••••••••••••••••	
RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST.	TATING THE		
Z	(C)		
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING		
TO THE DEATH BUT NOT RE	LATED TO THE		
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT RE DISEASE OF CONDITION CAUSING TO THE DEATH BUT NOT RE DISEASE OF CONDITION CAUSING	DITION FOR WHICH OPERATION	20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE	FINDINGS CONSIDERED
WAS PER	FORMED	Yes IN CERTIFYING CA	
Z 21 A, EXTERNAL CAUSE WAS	218. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in Baltimare City, office bldg, INJURY OCCUR?	give exact lacation)
UTING CAUSE OF DEATH.	etc.)	office blags, INJURY OCCUR?	
21D TIME (Month) (Day) (Yea	Haur) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	WHILE AT NOT AT V	WHILE WORK	
22.			to the little beautiful to
I certify that I held an I		and that an this basis, death in	
resulted fram: Natural ca	Suici		ner
ACTUAL (1/)	no Herrell.	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE	M. C	assistant medical examinerXX	1 06 66
EXAMINER'S Rudiger	Breitenecker, M.D.	ASSOCIATE MEDICAL EXAMINER	1-26-66
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME OF CEMETERY	or CREMATORY 23D. LOCATION (Ci	ty, tawn, or county) (State)
BURIAL 1/27/6	6 Hebrew Young	Men Baltimore. N	laruland
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME OF REGISTRAR	249. FUNERAL DIRECTOR Res	ADDRESS
FEB 1 1966 O.C.	It 2, Forley MA	80 10 my	Sin Oll
VC 161 PEV 1/1/46		700 00000000000000000000000000000000000	

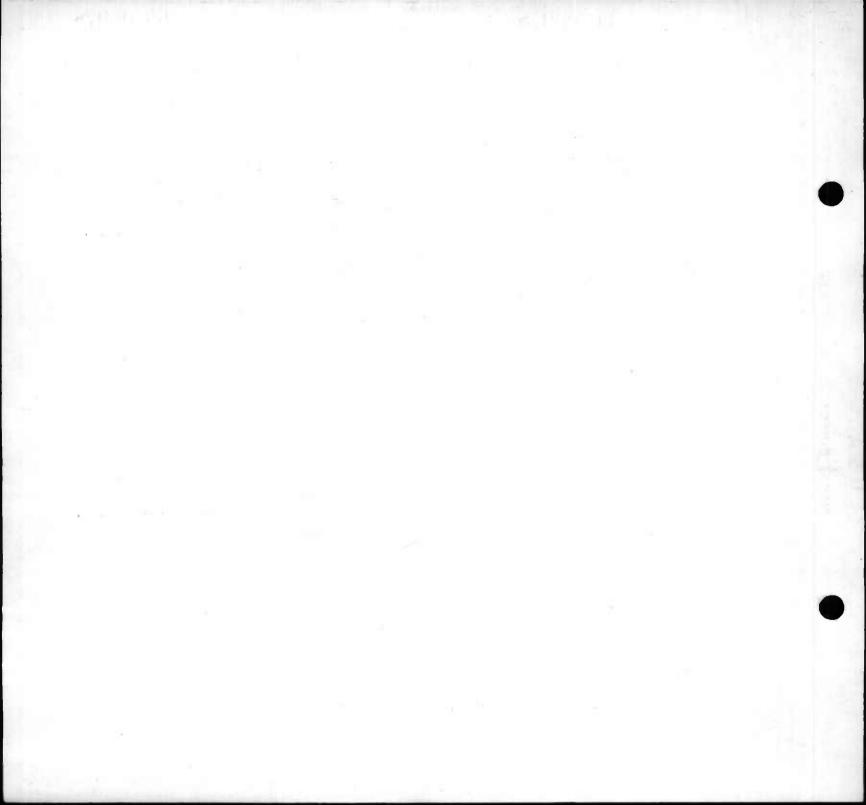
average to the second s distinct 1333

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

Page 1 and 1	BALTIMORE CITY	HEALTH DEPARTMENT		כב החסיקים
M.E. CASE NO. 66 0097	7 CERTIFICA	TE OF DEATH	Registered Na.	66 00977
1, NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE MARYLAND	DDLEB AUL	7 JAN1	IAPV 24	1966 11:40PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	1000	4. USUAL RESIDENCE (When	e deceased lived. If if	1966 Fli 40 P. M. Astitution: residence before odmission)
FULL NAME OF (If not in hospital or institution) HOSPITAL OR oddress or location)	ition, give sheet	C. CITY OR TOWN (If out	sido city limita vuito	PURAL and size formation
INSTITUTION				KOKAL ONG GIVE TOWNSHIP)
SINAI HOSPITAL	OF BALTIMORE	D. STREET ADDRÉSS (III	urol, give location)	
		li .	T GAR	DICE TO BUSE
S. SEX 6. RACE 7. MAI	RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	OWED, DIVORCED (specify)	11.1111000	9, AGE (In years last birthday)	tf Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN	MARRIED ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	73	132 CITYEN OF
done during most of working life, even if relired)			gii cooniry)	12. CITIZEN OF WHAT COUNTRY?
TAILOR	5HOP	RUSSIA		U.SA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
()NKNO WA)	(Intk	MACION	
15. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	3617	(1) ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of ser	security No.	Mar Police	11/11	w. GARRESON run Ave
18 // 0 / 1	CAUSE OF	PICS. //EDECC	4 HAPPEDO	un HE
DISEASE OR CONDITION DIRECTLY	CAUSE OF	DEATH		ONSET AND DEATH
LEADING TO DEATH	60	FROD WASCUL	000000	TIT 2 MARITHE
(This does not mean the made of dying,		EBRO VASCUL	AL MECIDI	EXT 2110101 173
heart failure, asthenia, etc. It means the dis injury ar camplication which coused death,)	ease,			
ANTECEDENT CAUSES	(B) A S	SCVD		3 YEARS
DISEASES OR CONDITIONS, if any,				
rise to the above cause (A) stating				
UNDERLYING CONDITION last.				
II				
DITHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208 IE VEC WERE	EINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		AGIOL21: (Les of Ho)	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or about 21C. WHERE DID	(If in Boltimore	e City, give exact tocofion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, of	ice bldg., INJURY OCCUR?	ti. tii voiittioti	ony, gve exact tocowon
<u> </u>				
OF INJURY	White At Not While	21 F. HOW DID INJU	JRY OCCUR?	
(APPROX)	Work At Work			
22. I certify that (I) (this haspital) attend	ded the deceased from JAI	VUARY 20 1	9 66 to VAR	WARY 24 19 66.
that (I) (we) last saw the deceased alive				
and haur and fram the causes stated aba				
23A. SIGNATURE	1			23 B. DATE SIGNED
7/1/2 / 7.11.	M.D. Atte	nding Med.	Stoff	0 1/ 1- 20
23C. PHYSICIAN'S	an Phys	3D. ADDRESS	Phys.	Jan 24, 1966
23C.PHYSICIAN'S NAME (Type)	- 11-2 . 2-1	So. Address	11/	
HERPERI FO	ELLERMAN M.D.	SINAI K	40591/12	
24A. BURIAL CREMATION, 24B. DATE	C. NAME OF CEMETERY OF CRE	MATORY 24D. LO	CATION	ly, town, or county) (State)
Dural 1/26/66	Moses Martiline.	Hoodman Noliso	u) Doll	mine Marken 1
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	250 FUNERAL DIRECTOR	2 pressy	ADDRESS
FFB 1 1966 00 12	Farlicoma	Del Lenenson)	a Beal L	as lover Reight Ro
VS 150-REV. 1/1/6S	6 6 0	1	- 000	a di la

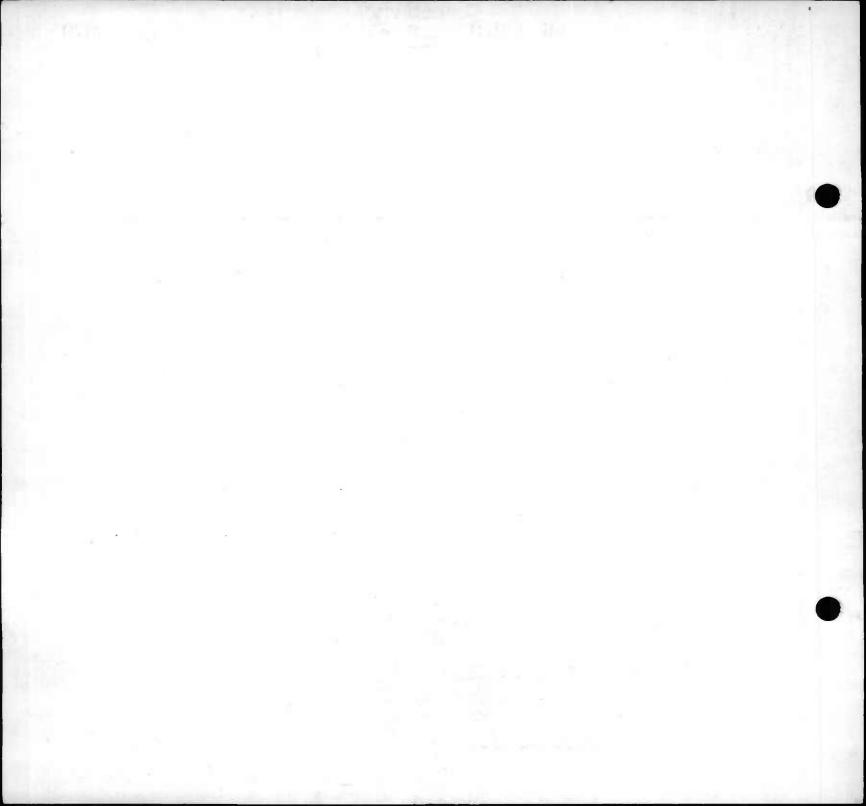


5		00 0000	0	BALTIMORE CITY	HEALTH DEPARTME	NT	66 000.50
-00-	BIRTH NO.	66 0097	0	CERTIFICA	TE OF DEAT	TH Registered No.	66 00978
	M.E. CASE NO.			O_KTITO,			
0 0 V	(Type or Print)	0000	C 1 20	11 1	2. 0 4	TE AND HOUR OF DEATH	1655P M
200-	3. PLACE OF DEATH IN	BALTIMORE MARYL	AND	sorg.	14 LISUAL RESIDENCE	12-6/6 6	nstitution: residence before odmission)
000=	The state of state in	DOS TIMONE IMANE			A. STATE B.	COUNTY	istitution: residence before damission)
d a (5		If not in hospital or i	institution, give	street	MARYLAND		1-01
cause; attendation to		IMORE CITY	HOSPITA	LS	BALT IMORE	(If outside city limits, write	RURAL ond give township) "
ng cau cause; attend ior to		EASTERN A			D. STREET ADDRESS	(If rurol, give tocotion)	
		IMORE, MAR		1224			3.4
+0 1 0 0	5. SEX 6. RACI				3020 HUDSO		
tri m g g se	FEMALE WH	ITE	WIDOWEL	VORCED (specify)	6- 26 -07	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 His. Months; Doys Houis Min.
con n re oced	INA. USUAL OCCUPATION	(Give kind of work 10)	B, KIND OF BUS	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
- D 5.0	done during most of working li		Home		MARYLAND		U.S.A.
Un as e e	13. FATHER'S NAME	Kel	TIONE	maker	14. MOTHER'S MAIDE	N NAME	
direct l; (4) U th was on the dispos	Waiter				Mary	Hall	
0 2 0 -	15. Was Deceosed Ever in (Yes, no or unknown) (If yes,	U. S. Armed Forces	? 16.	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
the kin dec	No				RECORDS:	BCH 4940 EASTE	RN AVENUE #21224
if any dar	18. 199,0	21	· · · · · · · · · · · · · · · · · · ·	CAUSE O	F DEATH		INTERVAL BETWEEN
d d		ONDITION DIREC	TLY			\ \	ONSET AND DEATH
Also, if re of any nounced attenda		IG TO DEATH		(A) D	wellow	onia	1 wh
· > 0 - 5	(This does not meet heart foilure, asthenia	n the mode of dy o, etc. It meons the	ing, e.g., e diseose,	DUE TO	A A	onia Corcenon	^
act act	injury or complication			1/10	lastoolis	Caralian	100000000000000000000000000000000000000
- T 0 D 0	ANTECE	DENT CAUSES		OUE TO			a receipt
Wh wh	DISEASES OR COL						
(3) in is a	rise to the obov		oling the	(C)		***************************************	
ns; icia icia as		П					
P S S E	OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDIT	CONDITIONS CON	TRIBUTING				
dy bue phy ician	DISEASE OR CONDIT	ION CAUSING IT.					
Body the ysic e th	19A. DATE OF OPERAT	198. CONDIT	ON FOR WHICH	CH OPERATION	20 A. AUTOPSY? (Yes	or No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
	U 21A. ACCIDENT WAS	LINDERI VINC	219 01 4	05 05 11111104/	900	- Comment	TES.
(2) (2) ere o ph	OR CONTRIBUTING DEATH (notify medical	CAUSE OF	home, fo	orm, foctory, street, of	i oi obout ZIC. WHERE INJURY OCC	UR?	e City, give exact locotion)
# 9 E Z 9	2						
hosp natur ept w d (6) ained	W OF INJURY	(Doy) (Yeoi) (I		URY OCCURRED		ID INJURY OCCUR?	
	(APPROX)		While A Work	Not While			
he XX	22. I certify that (1)	(this hospital) o	ttended the d	eceased from	1/13	19 65 to	1/26 1966.
0 0 0	tho (I) (we) lost so	w the deceased o	live on	1/26	19 6 6		nion death occurred on the date
00-	and have and from t	he couses stated	obove. (I) (W	e) (did) (did not) w	iew the body ofter d		
dent dent deat must	23A SIGNATURE		200	7	TOW THE BODY OTTER O	/	23B, DATE SIGNED
released accident a hospit r to deat	Learry	ba. F	I the	M.D. Atte	nding Med.	Stoff	150/10
a de la	23C. PHYSICIAN'S	Bridi	1	Phy:	23D. ADDRESS	Phy s.	1/26/66
was r A. at a prior	NAME (Type)	DR. HARRY	DEAN ATD			DAT ATTENITIE //O.2.4	
	24A. BURIAL CREMATION				4940 EASTE		
0 0 0 C	REMOVAL (Specify)	, 240. DATE	Z4C. NAME	of CEMETERY or CRE	0 1	24D. LOCATION (C	ity, town, or county) (Stote)
the body shows: (1 was D.O. deceased written	Burial	1-29-6		ed reart	Cemetery	Daltimore	, Md.
show was dece	25A. DATE REC'D BY HEA	LTH DEPT. 251	B. NAME OF RI	EGISTRAR	25C. FUNERAL DIR	2 1 1 1	ADDRESS
+ 0 5 0 3	FFR 1 10	SS 00 8-	1 . Zz. D	CHAIL D	Nichelas	Estern Ave	Baltimore, Md
	VS 150-REV. 1/1765	Carlo Carlo		-/		1	



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO. 66 ()	979 CERTIFICA	TE OF DEATH Registered No	· 66 00979
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEAT	H >
(Type or Print) ORVILLE MALON	VE HILL	January 19	1966 6 30 AN
3. PLACE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (Where decosed lived If	institution: residence before admission)
FILL NAME OF Ut and in bounded or institute	tution and atoms	Mareland	As House
FULL NAME OF (If not in hospital or instinution of the control of	iuiion, give street	C. CITY OR TOWN Ill outside city limits, write	RUBAL ond give township)
INSTITUTION		Rural - Jaure	16-00
Unwerinty Hosy	i Tet	D. STREET ADDRESS (If rurol, give location)	
white my rong	Cerax	212 10th St.	
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
1 1 1 1	over narreed	4/9/48 17	
10A. USUAL OCCUPATION (Give kind of work 10B. K		11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if relired)		Terrerios	125A
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	0011
11:00		200. 11-V.	
15. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of se	SECURITY NO.	110-00	
NO		Mederal Records	
18.5 39,1 V-2	60 X CAUSE O	OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	N	alistati.	3000
(This does not mean the mode of dying		edecitentii	Jack
heart failure, asthenia, etc. It means the di injury or camplication which caused death.		7 1	
ANTECEDENT CAUSES	(B) Kly	elevred exophagus) days
DISEASES OR CONDITIONS, if any,	giving		
rise to the obove couse (A) statin	g lhe (C)		
ONDERENING CONDITION IGST.			
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING A	A 12 1	
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.		elee Relocudore	i l
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	E FINDINGS CONSIDERED
3 1 17 66 WAS PERFORME	euxolkorox	Oex	AUSTES OF BEATH:
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i	in or about 21°C. WHERE DID (If in Baltim Affice bldg., INJURY OCCUR?	ore City, give exact location)
DEATH (notify medical examiner)	etc.)		
OF INJURY (Month) (Doy) (Yeor) (Hou	1) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
₹ (APPROX)	While At Not Whi		
22. I certify that (I) (this hospital) atte	nded the deceased from	Jan 16 19 66 10 5	laa 19 1966
that (I) (we) last saw the deceased aliv		9 19 66 and that in (my) (our) o	pinian death accurred an the dot
ond haur and from the causes stated ob			
23A. SIGNATURE	2	view the body offer deom.	23 B. DATE SJONED
Burne 11 Dage	M.D. Att	ending Med. Staff Phys.	1/19/66
23C. PHYSICIANS NAME (Type)	race Phy	23D. ADDRESS	1/11/00
NAME (Type)	ENTRAINA M.D.	LANGEROLTH SIO	SDITAL
24A. BURIAL CREMATION, 24B. DATE	01011019	EMATORY 24D, LOCATION	(Citye town, or county) (State)
REMOVAL (Specify)	A CENTER OF CE	The Governor	me o
1 Junal 1-22-66	Aanage (er	nedly Sarage	Maryland
minima of the A of A	TAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
FEB 1 1966 Club &	Andrew !	U B. M. W. W. W. W. W. W. W.	ANMAN MIGH
VS 150-REV. 1/1/65			



BIRTH NO.

(Type or Print)

M.E. CASE NO.

Such

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

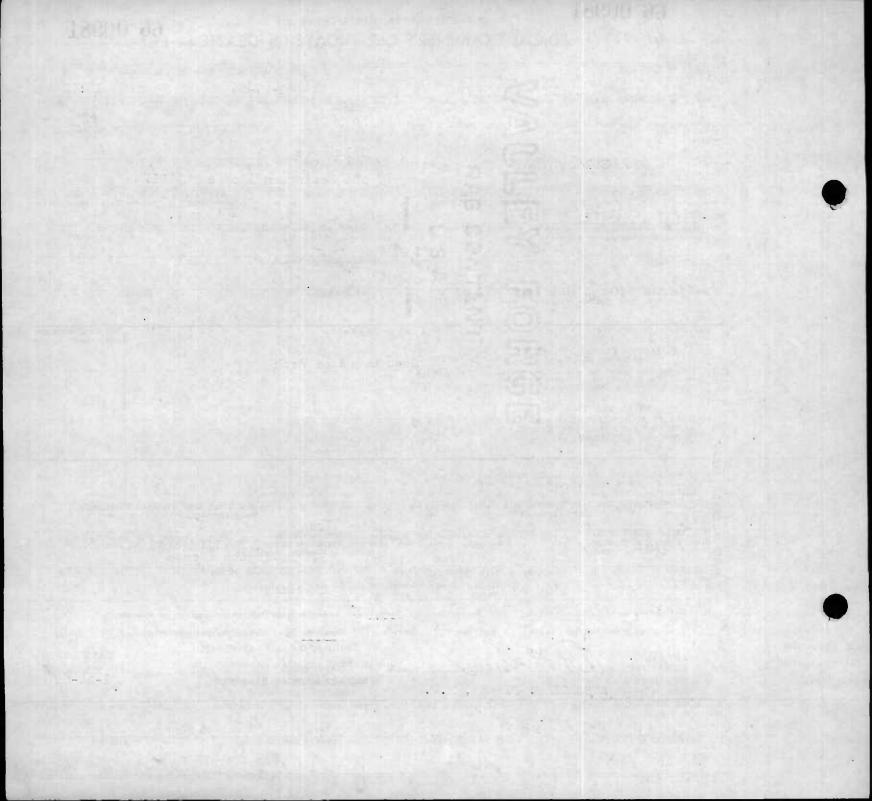
Registered No. 2. DATE AND HOUR OF DEATH deceased lived. If institution: residence before admission outside city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF USA COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in-23B. DATE SIGNED (Stote) (City, town, or county)

West Marinton Acres wite Charles Salt Esther Carolian Arrest St. K Member Column French Sylad Ca Good Mars Transfer To No 3:111 beat Leek Rayon Bird! Ball 12, Wd. Jamy L Cates

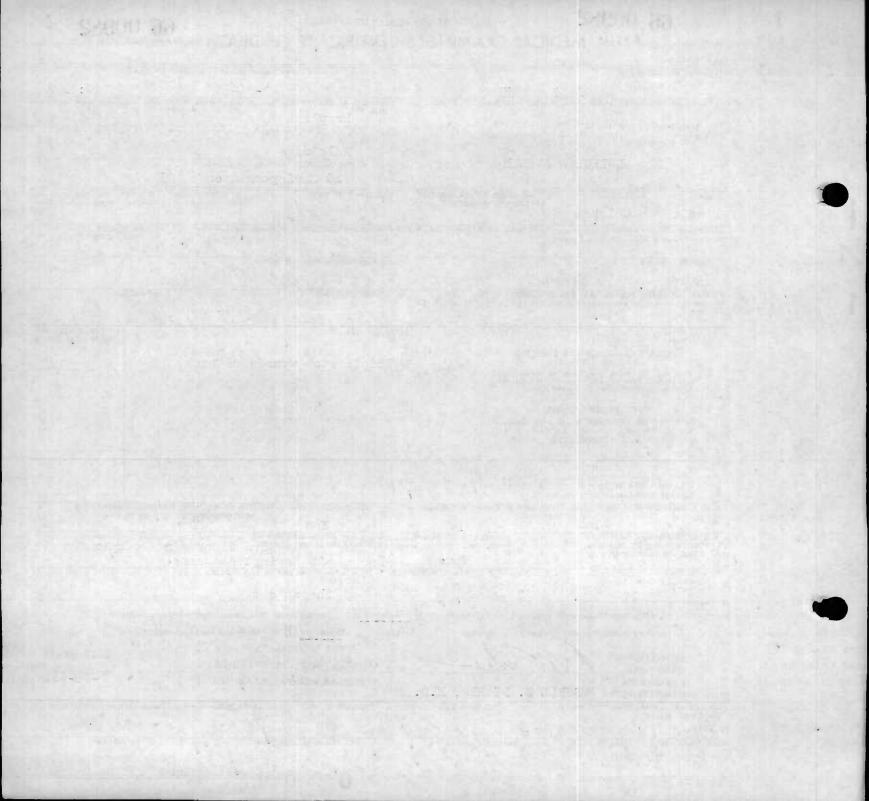
24C. FUNERAL DIRECTOR

VS 151-REV. 1/1/65

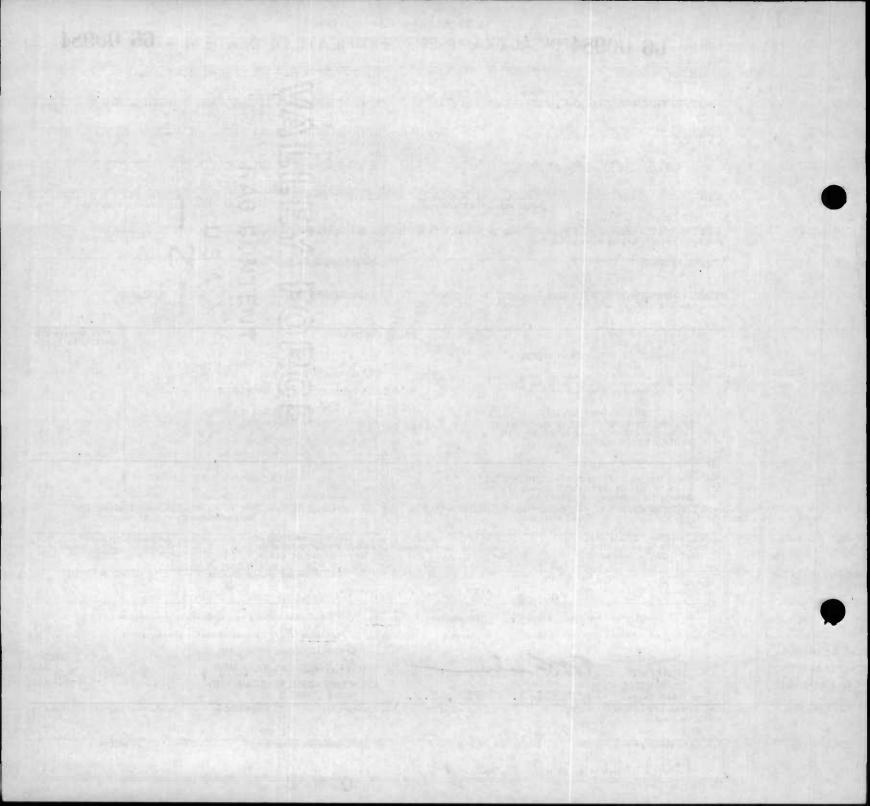
ADDRESS



66	6 00982		BALTIMORE CITY HEAL	TH DEPARTMEN	T GG	00982 0
BIRTH NO. 6	1-0/2/4 MED	ICAL EX	AMINER'S CI	ERTIFICAT	E OF DEATH Registered	Na.
M.E. CASE NO.						
1. NAME OF DE	ECEASED				2. DATE AND HOUR PRONOUNCED	DEAD
,	SANDI	RILE	CY		1-24-66	10:15 A _M
3. PLACE IN BAL	LTIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESID	ENCE (Where deceased lived. If institution B. COUNTY	on: residence before odmission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	A. STATE Mary 1		12-02
HOSPITAL OR	ADDRESS OR LOC.	ATION)		C. CITY OR TOV	VN (If outside corporate limits, write RU	IRAL ond give Township)
	06 100100000000000000000000000000000000	A		Balti		
9.	26 NEWINGTON .	AVENUE			RESS (If rurol, give location)	17
, , , , , , , , , , , , , , , , , , , ,					ewington Avenue 212	
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B, DATE OF BIRTH		f Under 1 Yr. If Under 24 Hrs Nonths, Doys, Hours, Min.
Female	Colored			Jan. 16	161 5	
	CUPATION (Give kind of working life, even if retired)	k TOB. KIND OF	BUSINESS OR INDUSTRY	17. BIRTHPLACE	State or foreign country) 12	2. CITIZEN OF WHAT COUNTRY?
done during most of	working the, even it retired)			1301	timue Mel	WILL CODIVIN
13. EATHER'S NA	ME /			14. MOTHER'S M		
James.	of Marsh	cr cr		La herry	ine Milley	
WAS DECEAS	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	AI AI	DDRESS
pres, no of unknow	n) (If yes, give war or dot	es of services	SECURITY NO.	m	1 / 4/9/3/	Dung C
11B. v== (1 m 2		CALLET	OF DEATH	ie smila //2 r	INTERVAL BETWEEN
2-7	8001		CAUSE	OF DEATH		ONSET AND DEATH
DISEA	ASE OR CONDITION D	IRECTLY	M117	tinle etal	wonnds of neck	
(This does	not meon the mode of	dvina e.a.	DUE TO	cipic scar	, would of near	
injury or co	omplication which coused	deoth.)		,		
	ANTECENDENT CAUS	ES				
DISEASES	OR CONDITIONS, IF	ANY, GIVING	DUE TO	0 h 0 m m m m h h 0 m m m m m m m m m m		
	HE ABOVE CAUSE (A) S ING CONDITION LAST.					
Z			(C)			
OTHER SIGN TO THE DISEASE OF THE DIS		CONTRIBUTION				
O THE	GNIFICANT CONDITIONS DEATH BUT NOT RE					
DISEASE O	OF CONDITION CAUSING		WHICH OPERATION	TOO A ALITOREY	2 (V N-) 2000 IF MES WEST SINISH	NCC CONCIDERED
O O		REPORMED	WHICH OPERATION		? (Yes or No) 208. IF YES, WERE FINDII	
21 A EXTERN	AL CAUSE WAS	218	PLACE OF INITIBY (o.g.	Yes	MERE DID (III in Rales on City along	overt Innation)
O UNDERLYING	OR CONTRIB-	home etc.)	, form, foctory, street, o	ffice bldg., INJURY	occur? 3rd floor rear	bedroom
<u>=</u>	USE OF DEATH.		Home		Newington Avenue	THE RESERVE TO SERVE
OF INJURY	(Month) (Doy) (Yea	or) (Hour) 2	1E. INJURY OCCURRED		OW DID INJURY OCCUR?	
(APPROX.)	12	66 ? m. V	VHILE AT NOT Y	WHILE X Thr	oat cut	
22.	ertify that I held an				that an this basis, death in my a	-inter
resu	ulted fram: Natural co	uses A	scident Suicide	-		
ACTUA	1 //	1/	1		EDICAL EXAMINER XX	DATE SIGNED
SIGNA		o wh	M.D.		EDICAL EXAMINER	
EXAMI		J. S. FIS	SHER, M.D.	ASSOCIATE M	EDICAL EXAMINER	1-24-66
23A. BURIAL CR			C. NAME of CEMETERY o	r CREMATORY	23D. LOCATION (City, tov	wn, or county) (State)
REMOVAL (Speci		111	2101	10	91/2 +	0-1
Durch	cf /213/	66	Mrs allerio	W Clir	1, Westplat	. Well
24A. DATE REC'I	D BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNERA	AL DIRECTOR	ADDRESS
FEB 1	. 1966 (La	T 5' 40	Costo Liver	Mill	into to boke and	1/29 / Carl
140 363 8514 343	W. 1. 7	1	4	A TOP	in some of	110-110001



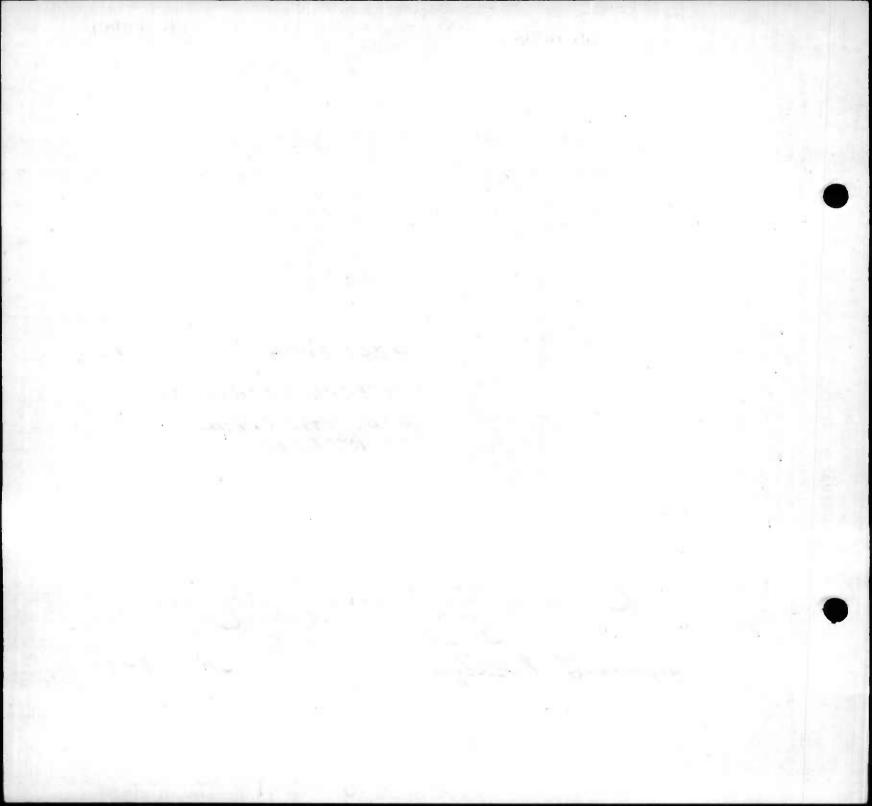
	CERTIFICATE OF DEATH Registered 100984
M.E. CASE NO.	CERTIFICATE OF DEATH REgistered No.
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
GERVINE TAYLOR 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	1-24-66 10:10 A. M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give fewnship)
926 NEWINGTON AVENUE	Baltimore D. STREET ADDRESS (If rural, give lacoston) 926 Newington Avenue 21217
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
Female Colored WIDOWED, DIVORCED (specify)	OIIA 20/4 Z lost birthdoy! Months Doys Hours, Min.
10A. USUAL OCCUPATION (Give kind of work 10B. RIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
18. WAS DECEASED EVER IN U.S. ARMED FOLCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Min nie Fanith 913 h Durken
	USE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not mean the made of dying, e.g.,	ubdural hematoma with multiple
heart toilure, asthenia, etc. It means the disease,	ontusions of the brain and stab
ANTECENDENT CAUSES WO	ound of the neck
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A, EXTERNAL CAUSE WAS UNDERLYING CONTRIB- UTING □ CAUSE OF DEATH. 21B, PLACE OF INJURY (c) home, form, foctory, street, etc.) Home	e.g., in ar obout 21C. WHERE DID (If in Bollimore City, give exoct locotion) et, affice bldg., INJURY OCCUR? 3rd floor front bedroom
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURR	926 Newington Avenue 21F. How do Injury occur?
OF INJURY (APPROX.) 1 ? 166 ? m. WHILE AT \(\text{N} \) WORK	Beaten and stabbed
22. 1 certify that I held an Inquiry Inspection	Autapsy X and that an this basis, death in my apinian
	icide Hamicide X Undetermined manner
	CHIEF MEDICAL EXAMINER E
SIGNATURE OF THE	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D.	ASSOCIATE MEDICAL EXAMINER 1-24-66
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) 24A. DATE REC'D BY HEALTH DEPM. 24B. NAME OF REGISTRAR	ERY or CREMATORY 23D. LOCATION (City, lown, or county) (State) WENT COME THE TOTAL DIRECTOR ADDRESS ADDRESS
FEB 1 1966 Q. C. & Z. Farburg	milton & Elicher 1/29 n. Carles
VS 151-REV. 1/1/65 / 8 3 6 7 0 0 0	7



VS 150-REV. 1/1/65

RAIT	MORE	CITY	HEALTH	DEPART	MEN

BIRTH NO. M.E. CASE NO. 66 00985 CERTIFICA	ATE OF DEATH Registered	00985
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
CERSIINE COURCE	1-30-66	11:55 PM
FULL NAME OF HOSPITAL OR INSTITUTION THE JOHNS HOPKINS HOSPITAL	4. USUAL RESIDENCE (Where deceased lived. If institute A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write RURA BALTIMORE D. STREET ADDRESS (If rural, give location) 1305 DRUID HILL AVENUE	AL and give township)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED		Under 1 Yr., If Under 24 Hrs.
FEMALE NEGRO WIDOWED (specify)	5-19-94 lost birthday Ma	anths Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUST done during most of working life, even if retired)		WHAT COUNTRY?
Herseldife	md,	
13. FATHER'S NAME	14. MOTHERS MAIDEN NAME	
WILLIAM GREEN	ELIZABETH HILL	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
18. / 5 4 V I CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	207814117	6 PAYS
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	ETERAL OBSTRUCTION TASTATIC CARCINOMA RECTUM	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
198. CONDITION FOR WHICH OPERATION WAS PERFORMED CARCINOMA OF RECTAL	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	OF DEATH?
21A. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (notity medical examiner) 21B. PLACE OF INJURY (e.g. hame, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	y, give exact location)
21D. TIME Month) Doy) (Year) (Hour) 21E, INJURY OCCURRED White At Not W Work At Wo	21F. HOW DID INJURY OCCUR?	
22. I certify that (1) (this hospital) attended the deceased fram	1-24 1966 10 1-3	19 60
that (1) (we) last saw the deceased alive an	19.66 and that in (my) (aur) apinian	death accurred on the dat
23A. SIGNATURE / PROPRIAMO. A		1-30-66
JAMES L. PHILLIPS M.	D. THE JOHNS HOPKINS HOSPI	TAI
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C		own, or county) (Stote)
25A, DATE REC'D BY HEALTH DENT. 25B, MAME OF REDISTRAN	25C. FUNERAL DIRECTOR Bay & G. Flickson !!	ADDRESS 29 n Quedain



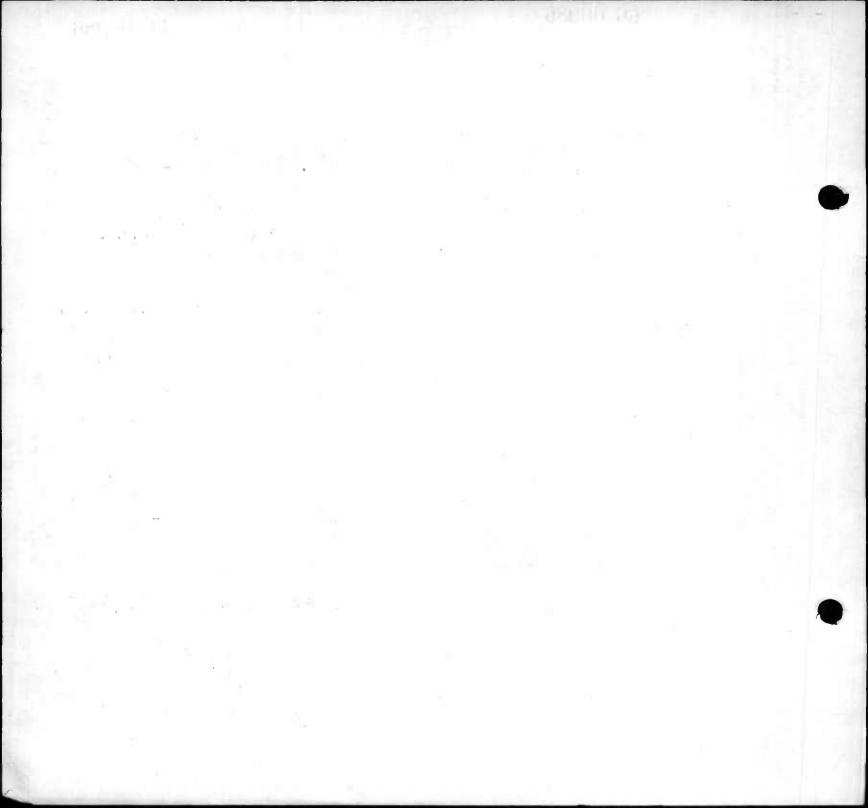
66 00986 BIRTH NO.		ATE OF DEATH Registered	No. 66: 00986
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	1/ 1 /	2. DATE AND HOUR OF DE	
Dei Ing n	<i>IhitaKer</i>	1/30/66 44	3 //1
3. PLACE OF DEATH IN BALTIMORE, MA	or institution, give street	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY MARYLAND	If institution; jesidence before odmiss
HOSPITAL OR oddress or location	on)		rite RURAL and give township)
Baltimore C 4940 Eastern	Avenue	BALTIMORE D. STREET ADDRESS (If rurol, give locotion	9)
Baltimore, Ma		1631 E. Preston Stree	t - 21217
5. SEX 6. RACE Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH 1/-3-89 9. AGE (In years lost birthday)	if Under 1 Yr. If Under 24 Months Doys Hours Mi
		TRY 11, BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working lile, even if retired)		North Carolina	U.S.A.
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	0 0 0 0 1 1 0
Annanias E	dmonds	Susan	
15. Was Deceased Ever in U. S. Armed Fo		17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or day	es of service) SECURITY NO.		
		Records: BCH 4940 Easter	
18. 33/XI		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION D		CIIA.	//
(This does not meon the mode o	(A)	CVII	This
heart failure, astheria, etc. It mean injury or complication which couse	s the diseose,	24,00 de	Russ
ANTECEDENT CAUSE	S (B)	Vyperfusion.	0 900
DISEASES OR CONDITIONS, IF		(*	/
rise to the obove cause (A) UNDERLYING CONDITION lost.	stoting The (C)		
II			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO THE		
	NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
E 7		NO	CAUSES OF DEATH?
OP CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.	g., in or obout 21 C. WHERE DID (If in Ball office bldg., INJURY OCCUR?	timate City, give exact location)
DEATH (notify medical examiner)	etc.)		
Q 21D. TIME (Month) (Day) (Year	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not V	Vhile	1
22 1			//a 30
22. I certify that (I) (this hospita	()	Jan 6 1966 10	Jan 30 19 E
that (We) last saw the deceas			ofinian death accurred an the
and haur and fram the causes sto	ated abave. (1) (We) (did) (did nat	t) view the bady after death.	
I look many afternoon / / a 1/			23B, DATE SIGNED
23A, SIGNATURE		Attending Med. Stoff	1 20 /
A CON A I		Phys. Director Phys.	1-50-6
23C. PHYSICIAN'S	VIIII M.D.	Phys. Director Phys. 23D. ADDRESS C 34940 East 6	yenus of the
Ally Sil	SILVERMAN M.D.	23D. ADDRESS C/O BATTIMORE,	City Hospitals
23C. PHYSICIAN'S, NAME (Type) ALEX 5	SILVERMAN	23D. ADDRESS C/O BATTIMORE D. Baltimore Marylo	und 212/24
23C. PHYSICIAN'S, NAME (Type) ALEX 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	SILVERMAIN M.	23D. ADDRESS C/O BATTIMORE D. Baltimore Marylo	und 212/24
23C. PHYSICIAN'S, NAME (Type) ALEX 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	SILVERMAN M.	23D. ADDRESS C/O BATTIMORE D. Baltimore Marylo	und 212/24

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR:

IMPORTANT

0 1986 VS 150-REV. 1/1/65

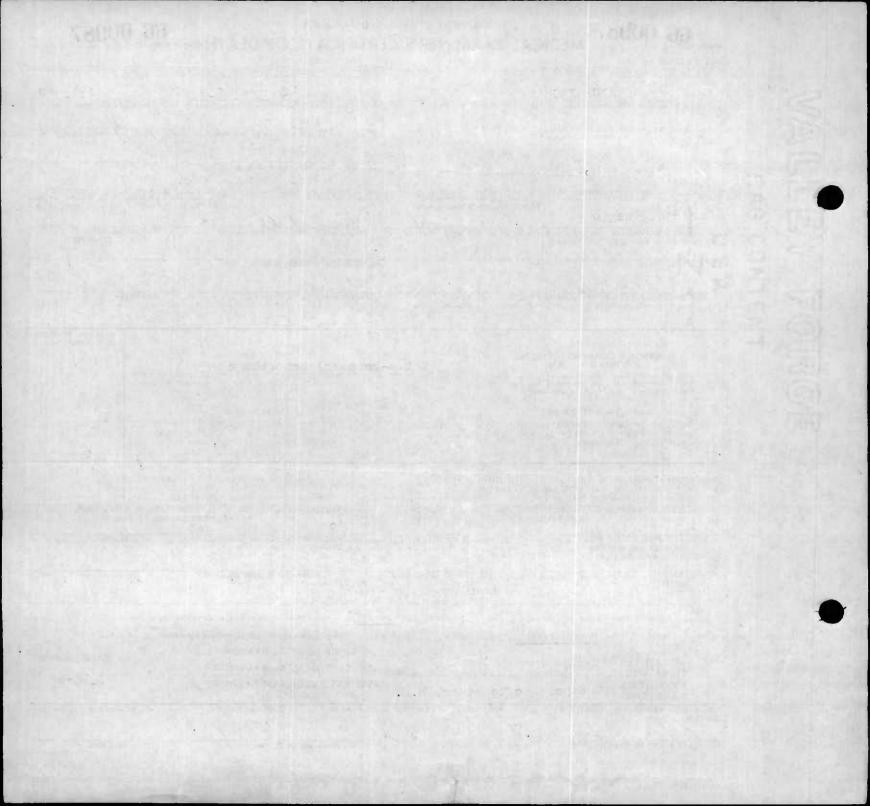
grality Elickern 1/29 M. Cartin St



24%, FUNERAL DIRECTOR

248, NAME OF REGISTRAR

ADDRESS



VS 150-REV. 1/1/65

Such

			MORE CITY	HEALTH DEPARTMENT		00 00000
		H NO. 66 00988 CER	TIFICA	TE OF DEATH	Registered Na.	66 00988
	1, N	AME OF DECEASED OF DECEASED TRA TOSSIE		2. DATE AN	1-28-66	4 4 A.M.
	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe		itution: residence before admission)
	H	ULL NAME OF (If not in hospital or institution, give street address or location)		md,	tside city limits, write RU	IRAL and give tawnship)
made.	1	Therey Hospital		D. STREET ADDRESS (IF	rural, give lacotian)	γ_
	5, \$	6. RACE 7. MARRIED, NEVER MARR WIDOWED, DIVORCED		B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr.)f Under 24 His. Manths: Doys Haurs Min.
ion is		USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR during most of working life, even if retired)	RINDUSTRY	11. BARTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
disposition	13.7	ATHERS WAME		14. MOTHER'S MAIDEN NA	ME	
disp		4, 12,		Ella		
final	Yes	Vas Deceased Ever in U. S. Armed Forces? no orunknawn) (If yes, give war at dates of service) 11 6. SOCIAL SECURITY	NO.	Parker E	Trace	ADDRESS
or f		18. 420:1 ¥ 260 X	CAUSE OF	DEATH	<u></u>	INTERVAL BETWEEN ONSET AND DEATH
eq		DISEASE OR CONDITION DIRECTLY	. 1	Maracianial	Louisinchage	2days
baím		heart failure astheria etc. It means the disease	OUE TO	/// VACONO-VICES		
emp		injuly of complication which coused death.)	and B) ac	ule myo cardu	al uparchesi	2 days
are		DISEASES OR CONDITIONS, if ony, giving		ASUD		10 years
igi		11	6			
remains	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Dah	etes Melletus	,	3 years
e the	CERTIFIC	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERA WAS PERFORMED	ATION	20A. AUTOPSY? (Yes or No	o) 208. IF YES, WERE FII IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
before the		21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN hame, form, foctor DEATH (notify medical examiner) 21B. PLACE OF IN hame, form, foctor etc.)	NJURY (e.g., in iry, street, of	or about 21 C. WHERE DID INJURY OCCUR?	(If in Baltimore	City, give exact lacation)
Po	ā	21D. TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCC	Not While	21 F. HOW DID IN	JURY OCCUR?	
btain		(APPROX.) Wark	At Work	1126		129
pe op		22. I certify that 🍪 (this haspital) attended the deceased that 🍪 (we) last saw the deceased alive an	tram	19.66 and th	nat in (646) (aur) apini	ian death accurred an the date
must		and haur and from the causes stated above. (I) (We) (did)	(Second	iew the bady after death.		DATE SIGNED
		23A. SIGNATURE	M.D. Atte	nding Med.	Stoff	23B. DATE SIGNED
proval		23C. PHYSICIAM'S NAME (Type)	1	23D. ADDRESS	Phys.	1128166
0	244	BURIAL CREMATION, 24B. DATE 24C. NAME of CEME	M.D.	MATORY 124D I	OCATION (City	, tawn, ar county) (State)
D Le		REMOVAL (Specify)	OF GRE	1	selved -	Thu 1
ritten	25 A	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR		25C. FUNERAL DIRECTO	ngone 1	ADDRESS
*		FEB 1 1986 POINS TO DOWN	10	million En	Elichen	1129 n. Carling

Test secretarial become interested informations and the Marin Marine and Mari

Daleton Helledon

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No. 24 Ave.

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IMPORTANT DIRECTOR: medical FUNERAL

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(4) Undetermined

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(3)

Body

nature;

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of hospital death)

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Was

BALTIMORE CITY HEALTH DEPARTMENT 66 00989 Registered No CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH a 3. PLANE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where decease)
A. STATE
B. COUNTY lived. If institution: residence before odm FULL NAME OF (If not in hospital or institution, give street MOSPITAL OR oddress or location) outside city limits, write RURAL MINITUTION ADDRESS rural, give location) is made. 5. SEX 7. MARRIED, NEVER MARRIED 6. RACE 8. DATE OF BIRTH 9. AGE 9. AGE (In years If Under 24 His. Under 1 Yr. WIDOWED, DIVORCED (specify) Months Doys Hours 0 aVIC 16A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Arrard Forces 6. SOCIAL 7. INFORMANT ADDRESS final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO No 73-03-119 0 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES 9 DISEASES OR CONDITIONS, if any, 0 to the above cause (A) stating the remains UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? obtained before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased/fram pe and that in (my) (our) opinion death occurred on the date that (I) (we) lost sow the deceased alive on and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending Med. M.D. Phys. written approval Director 23 C. PHYSICIAN'S 23D. ADDRESS G DONALD NAME (Type) UNION MEMORIAL HOSPITAL M.D 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stotel REMOVAL (Specify) 1/29/66 | Lorraine DEPT. | 25B. NAME OF REGISTRAR Park. Windsor FUNERAL DIRECTOR VS 150-REV. 1/1/65

717) 17

JAT 72 L JA TEM TOTAL

66 00990)	BALTIMORE CITY HEAL	TH DEPARTMENT	X	66 00990			
BIRTH NO. MED	ICAL EX	KAMINER'S CI	ERTIFICATE C	F DEATH Re	gistered No.			
M.E. CASE NO.								
1. NAME OF DECEASED				E AND HOUR PRONC				
WILLIAM	G. BULI			nuary 27, 1				
3. PLACE IN BALTIMORE, MARYLAND, V	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (\	Where deceased lived.	If institution: residence before odmissio			
FULL NAME OF (IF NOT IN HOSPI	AL OR INSTIT	UTION, GIVE STREET	Maryla	ind	15/11/1			
HOSPITAL OR ADDRESS OR LOC	Α ΠΟΝ)		Baltim		, write RURAL and give township)			
					6500			
South Baltimore Gen	eral Hos	spital	D. STREET ADDRESS (H	rurol, give locomion) Iilford Mill	Rd.			
5. SEX 6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In				
male white		DIVORCED (specify)	O DAIL OF BIRTH	lost birtheay	Months Days Hours Min			
10A. USUAL OCCUPATION (Give kind of wo	Marri	led	11. BIRTHPLACE (Stole or					
done during most of working lile, even if retired)	KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale or	toreign country)	12. CITIZEN OF WHAT COUNTRY?			
Asst. Train Master	B. &	O. R. R.	Baltimore MAISEN	d.	U.S.A.			
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
Herbert Bull 15. WAS DECEASED EVER IN U.S. ARME			Ada Dontell					
(Yes, no or unknown), (If yes, give wor or do		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS			
Ne		705-09-8265	Freeless D Du	11 251.2 Win	dsor Mill Rd -21207			
1B.		CALLSE	OF DEATH		INTERVAL BETWEEN			
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) !! UNDERLYING CONDITION LAST.	ANY, GIVING	(B) DUE TO						
8		(0)						
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISPASS OR CONDITION CAUSING IT							
19A. DATE OF OPERATION 19B. CO		WHICH OPERATION	20A. AUTOPSY? (Yes o		ERE FINDINGS CONSIDERED CAUSES OF DEATH?			
21A, EXTERNAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE	DID (If in Boltimore C	ity, give exoct locotion)			
UTING CAUSE OF DEATH.	home etc.)	a, form, factory, street, o	ffice bldg., INJURY OCCU	IR?				
21D TIME (Month) (Doy) (Ye	or) (Hour) 2	TE. INJURY OCCURRED	21F. HOW DIE	INJURY OCCUR?				
(APPROX.)	m. \	WHILE AT NOT W	WHILE ORK					
22. I certify that I held on	Inquiry .	Inspection Aut	opsy X and that	on this bosis, deotl	n In my opinion			
resulted from: Notural co		Accident Suicide		Undetermined				
/)40		7		L EXAMINER				
ACTUAL SIGNATURE	Meiler	M.D.	ASSISTANT MEDICA	L EXAMINER	DATE SIGNED			
EXAMINER'S Rudige	r Breit	enecker, M.D.	ASSOCIATE MEDICA	L EXAMINER	1-2/-00			
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23	C. NAME of CEMETERY o	CREMATORY	3D. LOCATION	(City, town, or county) (State)			
Burial 1/31/	66	Woodlawn		Baltimore,	Md			
24A, DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIRE		ADDRESS			

Loring Byers-8728 Liberty Rd. Randallster

hazrast. lant. frain bacter of B. t. O. R. t. Baltimore, Md. Afednou aba Harbert Mill. 744-09-29-5 Evelyn J. Bill-35/2 Windows 14:1 30 -25:207 ald eranatelemen, Ma I (II (Co Delmon Logist Lyans . Strate Liberty Co. Land D. Str.

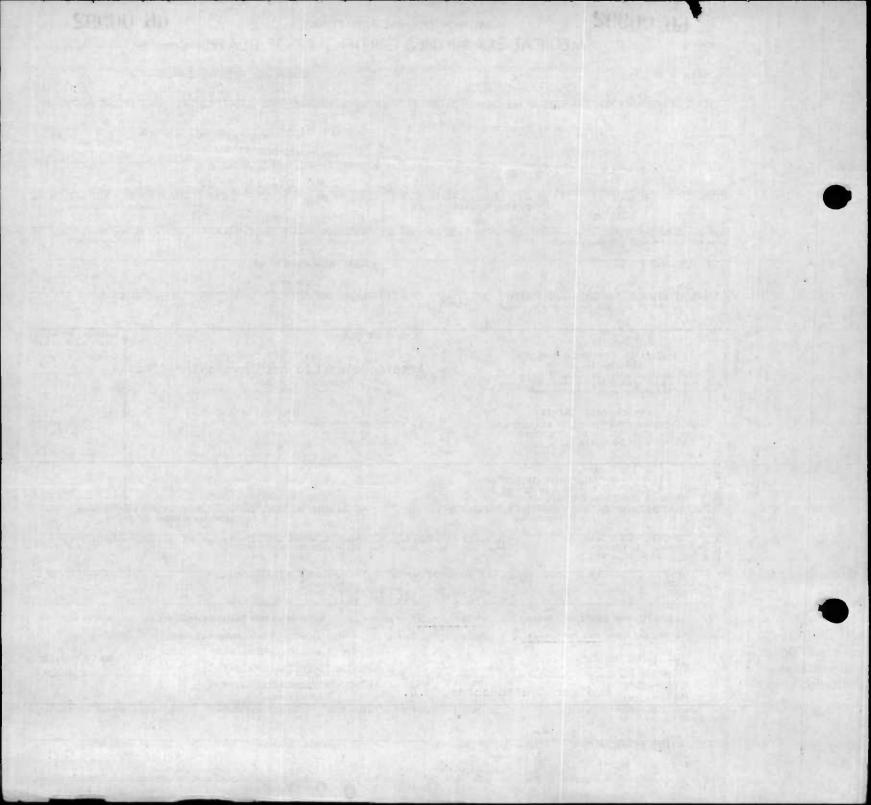
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

66 00991	BALTIMORE CITY	TE OF DEATH Registered No. 66	a naggt
BIRTH NO.	CERTIFICA	TE OF DEATH Registered No.) 00001L
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
(Type or Print) Brockmeyer,	Claudia	JAN 26 1966	11 PM M.
A PLACE OF DEATH IN BALTIMORE MARYLAND CLE A LANGE OF LIST THE CONTROL OF LIST THE CO	NDED street = 9=66	A. USUAL RESIDENCE (Where decoased lived, If institution, STATE B. COUNTY MANY (Live) C. CITY OR TOWN (If outside city limits, write RUI	March
SINAL HOSP OF	BALTA	JOPPA Md.	KALYONG GIVE TOWNSHIP)
	13/1/2 10,	D. STREET ADDRESS (If rurol, give location) Rt. 3 BOV 154	
5. SEX 6. RACE T. MARRIED NET WIDOWED, DI	VER MARRIED IVORCED (specify)	B. DATE OF BIRTH 2/14/05 9. AGE (In yours lost birthday)	f Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	SINESS OR INDUSTRY	7-1	12. CITIZEN OF WHAT COUNTRY?
HW		Md.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Benjamin Smith		Betty Tetlow	
15. Wos Deceosad Ever in U. S. Armod Farces? (Yes, no or unknown) IIIf yes, give wor or dales of service)	SECURITY NO.	Harry M. Water	S356 CARRIAGE CT. 21229
DISEASE OR CONDITION DIRECTLY		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)Me. T	astatic Adenocarcinomá	1/2/1/3
(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE 10	of Rectum	
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	unk	nown	
194. Date of OPERATION 198. CONDITION FOR WHITE	CH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF homo, f	ace of Injury (e.g., i	in or about 21C. WHERE DID III in Boltimare Coffice bldg., INJURY OCCUR?	City, give exact location)
Q 21D. TIME (Month) Doy) Year) Hour) 21E. IN.	JURY OCCURRED	21F. HOW DID INJURY OCCUR?	
X IAPPROX.) While A Work	Not Whi		
22. I certify that (1) (this hospital) ottended the d	deceased from	1-17- 1966 10	26 1966.
that (I) (we) lost sow the deceased alive on	1-16-	19.66 and that id (my) (aur) apinio	an death accurred an the date
and hour and from the couses stated obove (1)	(did) (did not)		38. DATE SIGNED
23A, SIGNATURE	M.D. Att	onding Med. Stoff	1-26-66
23C. PHYSICIANS NAME (Typo)	Phy	23D. ADDRESS	2.
HARRY M WALEN	M.D.	SINAL HOSP OF BI	HLTO,
GREMOVAL (Specify)	of CEMETERY of CR	1 7 1 1 - 1	town, or county) (State)
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF R		25C. FUNERAL DIRECTOR	ADDRESS Below
VS 150 BY 1/165 O.	W 0 1	Joseph Typeral	Nome Ballamo
			21236

Duplicate Death Cert. from Sinai Hosp. 2-9-66 M.H.

BIRTH NO.	MEDI	ICAL EX	KAMINER'S C	ERTIFICATE OF I	DEATH Registe	red No.
M.E. CASE NO.	ECEASED	A).		2, DATE AN	D HOUR PRONOUNCE	ED DEAD
(Type or Print)		RLES POW	ILEY		ary 26, 196	
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission as TATE B. COUNTY		
FULL NAME OF	ADDRESS OR LOCA	AL OR INSTITUTION)	UTION, GIVE STREET	C. CITY OR TOWN (If outside	e corporate limits, write	RURAL on give township)
NOITUTITZNI				Baltimore		12-07
Uni	versity Hospit	:al		D. STREET ADDRESS (If rurol,	give location)	
6				302 Edwar	ds Ave.	
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr.
male	white	DIV.		March 23, 1902 Y11. BIRTHPLACE (State or foreign	lost birthday)	Months, Doys, Hours, Min.
	f working lite, even if retired)	NND O	L BOSINESS OK INDOSIK	A CONTRACTOR	n county?	WHAT COUNTRY?
13. FATHER'S NA				W. Va.	E	
3. FAIRERS NA	O I					
Jem		TORCES	11/ 000141	Nellie Man	Ley	A D DOTTE
	SED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.			ADDRESS
ww 1				FAMily		Same
1B. //	001.		CAUS	E OF DEATH		INTERVAL BETWEEN
RISE TO TUNDERLY	ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' ING CONDITION LAST. II GNIFICANT CONDITIONS	CONTRIBUTI				
DISEASE	DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 119B. CON	3 1T.	************************	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIR	NDINGS CONSIDERED
50	WAS PER			no	IN CERTIFYING CAUS	
UNDERLYING	AL CAUSE WAS DOR CONTRIB- USE OF DEATH,	21 B. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore City, gi	ve exact location)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo		WHILE AT WORK AT V	WHILE WORK	JRY OCCUR?	
22.						
	ertify that I held on I		Inspection XX Au		is basis, death in m	
rest	ulted from: Natural ca	uses X	Accident Suicio		Indetermined manne	er _
ACTU	1 //	1. 27	-> (CHIEF MEDICAL EX		DATE SIGNED
SIGNA		LATU	M CW M.C	ASSISTANT MEDICAL EX	AMINER X	1-26-66
NAME	(1) bel		necker, M.D.	ASSOCIATE MEDICAL E	XAMINER	1-20-00
23A, BURIAL CR REMOVAL (Spec			C. NAME OF CEMETERY		OCATION (City,	town, or county) (State)
Burne	1-29-	66 1	Loudon PIG. G	m	alto 29, 14	cl.
24A. DATE REC'	D BY HEALTH DEPT.		OF REGISTRAR			
FEB ;	1966 0.0	12.3	allogue	Modelly tune	e su 23	7 Patapseule
VS 151-REV. 1/	1/65	1 3	6 6 0 0	00221		



			HEALTH DEPARTMENT		
		10993 CERTIFICA	TE OF DEATH	Registered No	66 00993
1. N	AME OF DECEASED		2. DATE AF	ND HOUR OF DEATH	
	PLACE OF DEATH IN BALTIMORE, MA	nko, Nikon	Janua	ary 27, 19	66 11:25 D M
3. 1	PLACE OF DEATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Whe	ere deceased lived. If in	1
	FULL NAME OF (If not in hospital	or institution, give street	Maryland, Ba		6-02
	HOSPITAL OR oddress or location	on)	C, CITY OR TOWN (If ou	itside city limits, write	RURAL ond give township)
2	7, 7,		Baltimore D. STREET ADDRESS (III	rurol, give location)	
1	Johns Hopi	kins Hospital	109 N. Mont		
5. S	ex 6. RACE ale White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH 3-23-92	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		108, KIND OF BUSINESS OR INDUSTRI		eign country)	12. CITIZEN OF
	e during most of working life, even if relired) ardener-Janitor		Ukraine	,	WHAT COUNTRY?
	FATHER'S NAME	II opa oca	14. MOTHER'S MAIDEN NA	AAF	Ukraine
	(Thomas) Foma	Procenko		mulhauer	Morhun
15. (Ye	Was Deceased Ever in U. S. Armed Fo s, no or unknown) (If yes, give war or dat	es of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	wife cme	ADDRESS
	Nta -	213-30-8872	Patient, Mrs. Anna Pr	ocenko 100	N Montford Ave
_	18. 24. 20.11		OF DEATH	occurro, 10	INTERVAL BETWEEN
	DISEASE OR CONDITION DI		aridac ariyth	nia	onset and DEATH
	LEADING TO DEATH	(A)	KETOCO CITTÀ OUI	21 glig CV	
	(This does not mean the mode of heart foilure, osthenia, etc. It means	s the diseose,			
	injury or complication which coused	?	myocardial in	nfarction	?
	ANTECEDENT CAUSES	DUE TO	Management of the second of th		
	DISEASES OR CONDITIONS, if		ASCVD		years
	UNDERLYING CONDITION last.	Own Od world dawn			9
7	11	CONTRIBUTION			
ATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO THE PULL	nonary emphyse		years
ERTIFIC	19A. DATE OF OPERATION 19B. CON	NDITION FOR WHICH OPERATION REFORMED	20 A. AUTOPSY? (Yes of N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CERT	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21C, WHERE DID	(If in Boltimer	e City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street,	office bldg., INJURY OCCUR?		
U	21 D. TIME (Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
MEDI	OF INJURY (APPROX.)	While At Not Wh	le 🖳		
		Work At Work		10 66 7-	min 27 .56
		the ottended the deceased fram		· · · · · · · · · · · · · · · · · · ·	muary 27 1956
		ed alive on Janurary 27			nian deoth occurred on the dot
		oted above. (1) (We) (did) (did nat)	view the bady after death.		DATE SIGNED
	23A. SIGNATURE	1000 . 00 M.D. At	ending Med.	Stoff	1-28-66
	23C BHYSICIANS	The Ph	ys. Director	Stoff Phys.	1-2.9-00
	NAME (Type)	F117	23D. ADDRESS	hopkins Ho	spital
24	Edgar W.	M.D.			
24/	REMOVAL (Specify) 1/31/	66 St And BOLK Page			y tow (Stote)
0.0	Durlal	110.0			Maryland
25/	DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	R T & SONG 1	ADDRESS
	FEB 1 1966 (P.D.	IT IS STOLLER TO 17		T a DOMD,	808 EASTERN AVE

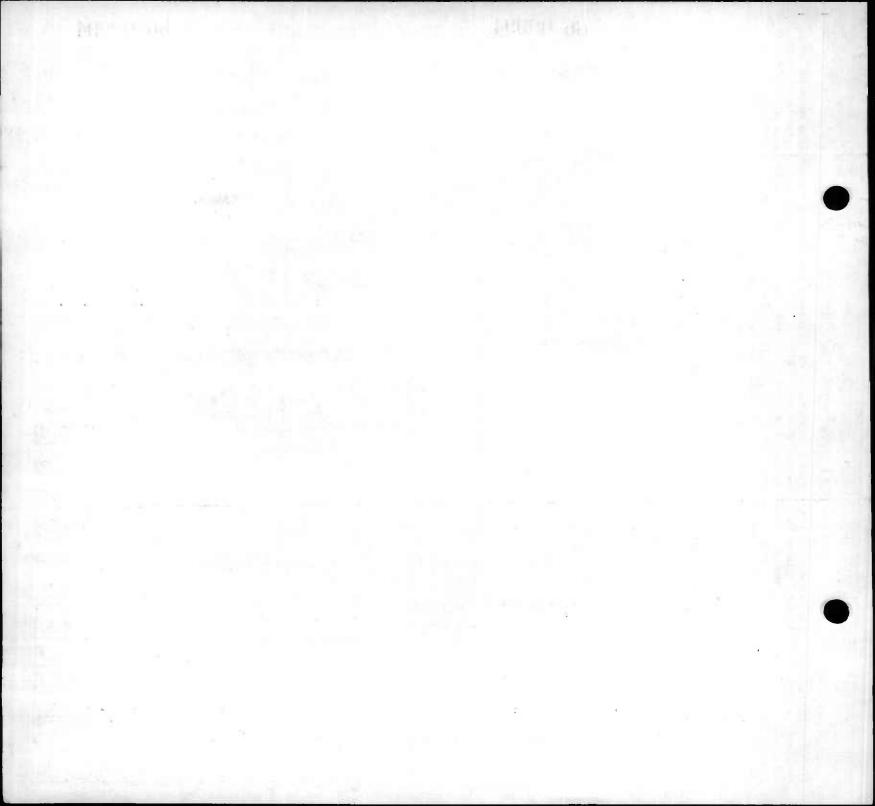
VS 150-REV. 1/1/65

anuary 1900 pinian deoth occurred on the dote 238, DATE SIGNED 1-28-66 lospital 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION City (10 w) (or county) St. Andrew Russian Orth. Baltimore, Maryland ADDRESS 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ISKI & SONS, 1808 EASTERN

Seeun aa

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

[MI - 1 2 2 2 4 4 4		CITY HEALTH DEPARTMENT						
BIRTH NO. 64-08224 8 66	CERTIFIC	CATE OF DEATH A Registered No.	00994					
M.E. CASE NO.	7/	2. DATE AND HOUR OF DEATH	40					
(Type or Print)	y Hughes	1/22/66	1/ A. M.					
3. PLACE OF DEATH IN BALTIMORE	MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institut	ion: residence before odmission)					
FULL NAME OF (If not in hos	pitol or institution, give street	Md. Bactimore						
HOSPITAL OR oddress or lo	_ / //		L and give township)					
13 ac / 4	MOAR City Hospi	D. STREET ADDRESS (If rurol, give locotion)	e Baltiner, Mg					
3494PLE3	stern Avenue	310 Hombers Ave	33-00					
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If	Under 1 Yr. If Under 24 Hrs.					
Femal, Whit	widowed, Divorced (specify Never Harried	21-11:11	offis Doys Hours Min.					
10A. USUAL OCCUPATION (Give kind of done during most of working life, even if reti	f work 10B. KIND OF BUSINESS OR INDU	STRY 11. B/RTHPLACE (State or foreign count)	CITIZEN OF WHAT COUNTRY?					
done during most of working life, even if reli	ired)	Balkinge, Md	71.5A					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
		Phullia Iluahe	1.					
15. Was Deceased Ever in U. S. Anne (Yes, no or unknown) (If yes, give wor or	d Forces? doles of service 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS					
The state of the s	SECONII NO.	RECORDS: BCH 4940 Eastern Ave	e., Balto.Md. 21224					
1B. 2 / 9 / 1	CAUS	E OF DEATH RO & Di Aceton Contino	INTERVAL BETWEEN					
DISEASE OR CONDITION		= I T D I	ONSET AND DEATH					
LEADING TO DEA	(A)	The state of the s	3 Lobys.					
(This does not meon the made heart failure, asthenia, etc. 11 m	eans the disease,	1 0/2	0					
injury or complication which co	-///	Place (frules + (2) Ato lobers 19	3 Zalay					
ANTECEDENT CAL	DUE TO	11 1 Stanh Pergun						
DISEASES OR CONDITIONS,		Un ban sun	334X dass					
UNDERLYING CONDITION Ios	1.							
7 11								
E TO THE DEATH BUT NOT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
DISEASE OR CONDITION CAUSE	CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIND	INGS CONSIDERED					
WAS	PERFORMED	IN CERTIFYING CAUSES	OF DEATH?					
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (a home, form, foctory, street	e.g., in or obout 21C. WHERE DID (If in Boltimore Cit	y, give exoct locotion)					
DEATH (notify medical examiner)	7/6 etc.)	**************************************						
OF INJURY (Month) (Doy) (
(APPROX)		While Nark						
	nital) attended the deterred from	12/25 19 66 to 1/2	2 1966.					
22. I certify that (I) (this hos								
22. I certify that (I) (this has that (I) (we) last saw the dec	/	19 6 and that in (my) (our) apiniar						
that (I) (we) last saw the dec	eased alive an	19 6 and that in (my) (our) apiniar						
that (I) (we) last saw the dec	/	19and that in(my) (our) apiniar						
that (I) (we) last saw the dec	eased alive an	at) view the bady after death. Altending Med. Stoff V	death accurred an the dote					
that (I) (we) last saw the dec and haur and fram the causes 23A. SIGNATURE	eased alive an (1) (We) (did) (did no	at) view the bady after death.	death accurred an the dote					
that (I) (we) last saw the dec and haur and fram the causes 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	stated abave (I) (We) (did) (did not make)	at) view the bady after death. Altending Med. Stoff Phys. 23 D. ADDRESS	DATE SIGNED					
that (I) (we) last saw the dec and haur and fram the causes 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) M. Steir 24A. BURIAL CREMATION, 1248, DAT	eased alive an	Allending Med. Stoff Phys. Allending Stoff Phys. ADDRESS M.D. 4940 Eastern Avenue, Baltimos	DATE SIGNED					
that (I) (we) last saw the dec and haur and fram the causes 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	eased alive an stated abave (I) (We) (did) (did not make)	Allending Med. Stoff Phys. Allending Stoff Phys. ADDRESS M.D. 4940 Eastern Avenue, Baltimos	DATE SIGNED 2466 29, Md. 21224					
that (I) (we) last saw the decand haur and fram the causes 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) M. Steir 24A. BURIAL CREMATION, 1248, DAT	eased alive an stated abave (I) (We) (did) (did not make)	Allending Med. Stoff Phys. Allending Stoff Phys. ADDRESS M.D. 4940 Eastern Avenue, Baltimos	DATE SIGNED 2466 29, Md. 21224					
that (I) (we) last saw the decand haur and from the causes 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) M. Steir 24A. BURIAL CREMATION, 24B, DAT REMOVAL (Specify) Aumoral	eased alive an	Altending Med. Stoff Phys. 23D. ADDRESS W.D. 4940 Eastern Avenue, Baltimore CREMATORY 24D. LOCATION (City. 6)	DATE SIGNED Ce, Md. 21224 own, or county) (Stote)					



VS 150-REV. 1/1/65

		BALTIMORE CITY	HEALTH DEPARTMENT		
	RTH NO. .E. CASE NO. 66 (10)	995 CERTIFICA	TE OF DEATH	Registered No.	66 00995
1.	NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
le.	SaraJane Patter	50n-	1/	26/66	10 / M.
3.	PLACE OF DEATH IN BALTIMORE, MARY	AND	4. USUAL RESIDENCE (Where	deceased lived. If insti	itution: residence before admission)
	FULL NAME OF (If not in hospital or oddress or location) INSTITUTION	institution, give street	C. CITY OR TOWN (If outsi	ide City limits, wile RU	RAL and give township)
	Il maine Mana	-1 1/20-101	Sphite Ha	ll, md	. 6500
1	q union memor	rial Hospital	Paters address (If ro	rol, give location)	
5.	SEX 6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	F 60	till doined.	4/4/86	To we.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	A. USUAL OCCUPATION (Give kind of work 10	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stoto or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
de	ne during most of working life, even if retired)	pwing tactory	west va., Mar	timsburg.	71.5.A
13	Laborer P		14. MOTHER'S MAIDEN NAM		
13	Somuel H. A	locegud	Margaret	Cox	
1113	. Was Deceased Ever in U. S. Armed Forces es, no or unknown) (If yes, give wor or dates of	of sorvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	7	41 ADDRESS To the
	NO	213.03-1.94.2	Mrs. Janice,	KVERGEV K	atimes Md.
	18.	CAUSE O	F DEATH	1)	INTERVAL BETWEEN
- }	DISEASE OR CONDITION DIREC	CTLY	1 11	1-04	ONSET AND DEATH
	LEADING TO DEATH	IN ACU	te Myocardia	Intavel 18	ou years
	(This does not mean the made of di heart failure, asthenia, etc. It means th	ring, e.g., DUE TO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5 m 5 m 6 m m m m 5 m m m m m m m m m m
	injury ar camplication which caused de	eath.) Hun	ertaisive Cave betes mel	(invascular	- V
	ANTECEDENT CAUSES	(8) DUE TO	Disease	1/ /	
	DISEASES OR CONDITIONS, if an	y, giving	Later well	Etus	* 1
	rise to the above cause (A) st	ating the (C)	per G Pa Ca		
	11				
TO LA VI	TO THE DEATH BUT NOT RELATE	NTRIBUTING WELL 2 E REM	al Shutdown		
			20A. AUTORSYA(Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
14.0	21A. ACCIDENT WAS UNDERLYING OF	21B. PLACE OF INJURY (o.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
111.2		Hour 21E INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
1	OF INJURY (APPROX.)	While At Not Whil			
	20 1 10 10 10 10 10 10 10 10 10 10 10 10	Work At Work	TRUCKING 25 W	11 -	21 21 36
5	22. I certify that (this hospital)	, /0 (January 2) 19		
	that (M) (we) lost saw the deceased			tin(nesse) (our) opini	on death occurred on the date
	and haur and from the couses stated	above. (We) (did) (did)	iew the body after death.		
	23A. SIGNATURE	M.D. AHO	ending Med. S	Stoff 🔼	23B. DATE SIGNED
5	H.C. (Mr	Phy	s. Director P	hy s.	1/26/66
	23C. PHYSICIAN'S NAME (Typo)		UNION	MEMORIAL	HOSPITAL
24	ANCEL C. TIPTON	JR. M.D.	3319 4 (z [Veo 1-	7/5/
	A. BURIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF CRI	MATORY 24D. LO	CATION / (City	, town, or county (Stotal
2	Surial Van 28.19	6 WISEDUYO	emetery W	nilectali	1114.
	A. DATE REC'D BY HEALTH DEPT.	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	11.	ADDRESS
}	LED Y 1900 CENTER	Mr Moore	L. Grate &	#AN 1011 X 101	11 /01/17) ondow to

L CLETTY J.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1		Y HEALTH DEPARTMENT
ب	BIRTH NO. M.E. CASE NO. GERTIFICA	ATE OF DEATH Registered No. 66 00996
h. Suc	1. NAME OF DECEASED HEN TO A Dramo VITZ 3. PLACE OF DEATH IN EALTIMORE, MANUAND	2. DATE AND HOUR OF DEATH 6.50 PM 1.017/66 M. 14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
o deat	FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR oddress ar lacotion) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
e Grior	Dawish Convoluscent Homes	D. STREET ADDRESS (If rurol, give location) 4601 PALL MALL DRIVE - BALTO.
is mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths; Days Hours Min.
dece	done during most of working life, even if retired) TAILOR 13. FATHERS NAME	11. BIRTHPLACÉ (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? CUSSING 14. MOTHER'S MAIDEN NAME
on the dec	NECHAEMIL ABROMOUTTZ	MAKLIOSSA ABROMOUTZ 17. INFORMANT ADDRESS
fina	(Yes, na ar unknown) (II yes, give wor ar dates of service) SECURITY NO.	NATHAN ABROMOVITZ
a or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	OF DEATH INTERVAL BETWEEN ONSET, AND DEATH ONSET, AND DEATH
ular att	(This does nat mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	ingrane laft Foot I month
in reg	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last.	erioslevotic Cardiovascular Diseasa
sician was the remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
physician ore the re	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
No ph	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in ar about 21C. WHERE DID Office bldg., INJURY OCCUR? (If in Boltimore City, give exact location)
and (6) No physobtained before	21D. TIME (Manthl (Day) (Yearl (Hour) 21E. INJURY OCCURRED While At Not What At Wark	112/1/
* 0	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on 1971 (1972)	19 to 19 19 19 19 19 19 19 19 19 19 19 19 19
to death) al must be	Ph Ph	tending Med. Stoff No.
prior	23C. PHYSICIAN'S NAME (Type) TON I Hall M.D.	011011050114
eased tten a	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CI BURIAL 1/28/66 UNITED HEIS.	new Cem. PosEdALE med.
dece	25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS TARREST TARREST PL.

KEWIS INC.

VS 150-REV. 1/1/65

accon an account of the Also,

0

the body was released to the hospital by

certificate must

BALTIMORE CITY HEALTH DEPARTMENT Registered No66 00997 BIRTH NO. CERTIFICATE OF DEATH Such r if death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased on the M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where decaded lived, If institution: A, STATE B, COUNTY death. 3. PLACE OF DEATH IN If institution: residence before admission) attendance MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give lownship 0 IMORE prior (If rural, give location) MA in regular mad If Under 1 Yr. Months: Doys 5. SEX MARRIED, NEVER MARRIED
WIDOWED, DIVORCED (specify) 9. AGE (In years 6. RACE 8. DATE OF BIRTH deceased lost birthday 8 dow = d 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) ERMAN HOUSEW Was 14. MOTHERS MAIDEN NAME the death LO 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL final SECURITY NO. attendance 214-24-3299 NONE NO any pronounced 10 DISEASE OR CONDITION DIRECTLY embalmed A fracture of LEADING TO DEATH (This does not mean the mode of dying, e.g., regular heart failure, asthenia, etc. It means the disease, injury or camplication which caused deoth.) ANTECEDENT CAUSES who GIB DISEASES OR CONDITIONS, if ony, giving (3) rise to the above couse (A) stoting the 2 (C) physician UNDERLYING CONDITION last the remains Was (2) Body burns; OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED the 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? where OR CONTRIBUTING [CAUSE OF ^oZ DEATH (notify medical examinet) str. any nature; MEDIC obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not White While At (APPROX.) Work At Work and 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on and that in (my) (our) opinion death occurred on the date An accident of hospital death) and haur and from the couses stated above. (1) (We) (did) (did nat) view the body after death. must 23A, SIGNATURE 23 B. DATE SIGNED Attending Phys. Stoff M.D. Med. 10 deceased prior to written approval Director _ Phys. 0 23C, PHYSICIAN'S 23 D. ADDRESS at NAME (Type) M.D. was D.O.A. shows: (1) 24A BURIAL CREMATION, 24B. DATE (City, lown, or county) REMOVAL (Specify LUTGERAN 2 25C. FUNERAL DIRECTOR GOOL LONG 25A. DATE REC'D BY HEALTH DEPT 258, NAME OF REGISTRAR

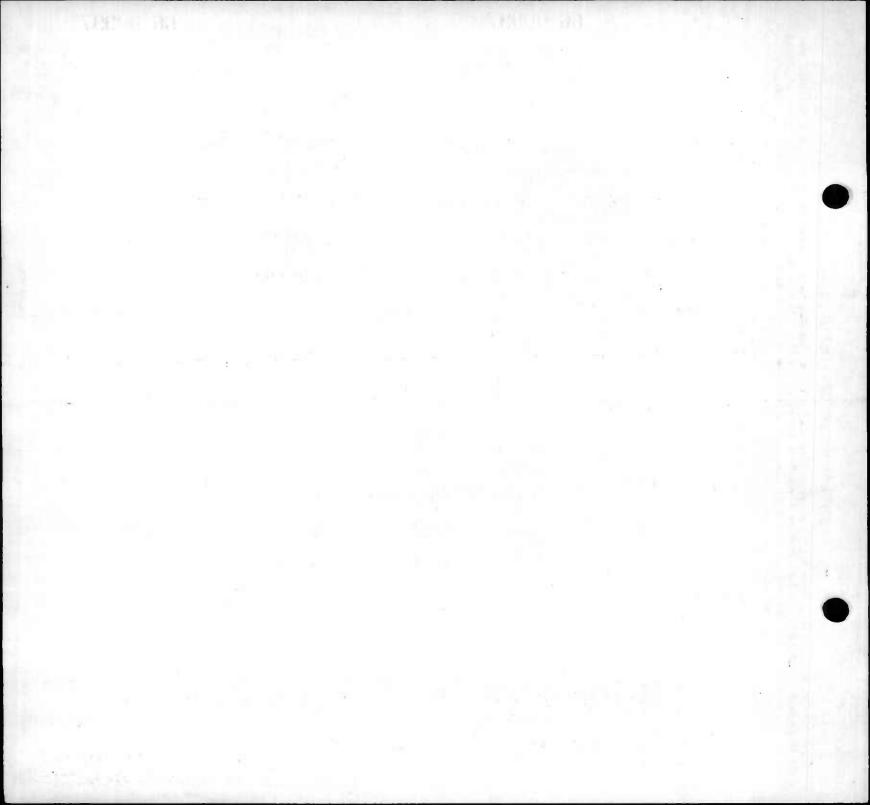
If Under 24 Hrs.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

(Stote)



FUNERAL DIRECTOR: IMPORTANT

the was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and death was in regular attendance on written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/65

BALTIMORE CITY	HEALTH DEPARTMENT				
BIRTH NO. M.E. CASE NO. GERTIFICA	TE OF DEATH Registered NGS 00998				
I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
3. PLACE OF DEATH IN BALTIMORE, MANUAND	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A, STATE B, COUNTY,				
FULL NAME OF (If not in hospital or institution, give sheet HOSPITAL OR addless or location)	Mary / and G - 03 C. CITY OR JOWN (If outside city limits, write RURAL and give township)				
INSTITUTION	Baltimore				
The Union Memorial Hospital	D. STREET ADDRESS (If you, give location) 3539 Green mount				
5. SEXY 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed Widowed	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.				
IDA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
Handyman	Maryland J.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Thomas Sweeney	Anna Mae				
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no oi unknown) (II yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
?? 216-1h-0h58	Tames Sweeney-3731 S. Hanover St.				
18. 44 9 / X CAUSE O	F DEATH F DEATH Sweeney-3731 S. Hanover St. INTERVAL BETWEEN ON SET AND DEATH				
DISEASE OR CONDITION DIRECTLY					
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	ssure aspiration powerena				
heart failure, asthenia, etc. II meons the disease, injury or complication which coused death.)					
ANTECEDENT CAUSES (B) DUE TO					
DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the (C)					
UNDERLYING CONDITION lost.					
II fu					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., i	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	n or obout 21 C. WHERE DID (II in Boltimore City, give exact location) ffice bldg., INJURY OCCUR?				
21D. TIME (Month) (Doy) (Yeoi) (Houi) 21E. INJURY OCCURRED While At Work At Work	21F. HOW DID INJURY OCCUR?				
22. I certify that (this hospital) attended the deceased from	January 23 19 66 10 January 25 19 66.				
	25,19.66 and that in (arr) (our) opinion death occurred on the date				
and hour and from the couses stated above. (We) (did)					
23A. SIGNATURE	23B. DATE SIGNED				
Phy	ending Med. Stoff Phys. 9 1/25/66				
NAME (Type)	23D. ADDRESS UNION MEMORIAL HOSPTIAL				
a or illifold, old.	3300 + Calver 3/5,				
24A. BURIAL CREMATION, REMOVAL (Specily)	EMATORY 24D. LOCATION (City, town, or county) (State)				
Burial 1-28-1966 Glen Haven Memo	rial Park Ritchie Hgwy., A.A.Co. Md.				
FEB 1. 1966 (1) Con C 2. Canage and	George J. Gonce-4001 Ritchie Hgwy., Baltimore				

TV±Ldsc T7 CL I

L. TETT, J.

BIRTH NO. 66 005	BALTIMORE CIT	TY HEALTH DEPARTMENT ATE OF DEATH Registered N	66 00999				
M.E. CASE NO.	CERTIFICA		n. U.P.				
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DEA					
BEULAH I	McCORMICK	Jan 25, 19	66 6:45P.				
	FULL NAME OF (If not in hospital or institution, give street) - 17-66 HOSPITAL OR oddiess or location)		A. STATE B. COUNTY Md. C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
3904 Penn Baltimore	ington Ave.	Baltimore D. STREET ADDRESS (If rurol, give location)					
		390h Pennington Av					
Female White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) married	Feb. 25, 1910 9. AGE (In years lost birthday) 55	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.				
tOA, USUAL OCCUPATION (Give kind of worldone during most of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTI	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
	Beautys Chan	Down gral oni o					
Hair Dresser	Beauty Shop	Pennsylvania	U.S.				
		0.11					
Harry Cooper		Catherine					
15. Was Deceased Ever in U. S. Armed Far (Yes, no ar unknown) (If yes, give war at date	1 6, SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
No	189-18-8587	John McCormick - (same)					
18. // 00 /		OF DEATH	INTERVAL BETWEEN				
(This does not mean the mode of heart failure, asthenio, etc. It means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A)	Chis does not meon the mode of dying, e.g., heart failure, asthenic, etc. it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving tise to the abave cause (A) stating the						
UNDERLYING CONDITION lost. / averalmon Hear and							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
	IDITION FOR WHICH OPERATION FORMED	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	in or obout 21 C. WHERE DID (fl in Both office bldg., INJURY OCCUR?	more City, give exact locotion)				
2) D. TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	2) F. HOW DID INJURY OCCUR?					
(APPROX.)	While At Work Not Work At Work	nile					
			7 75 11				
22. I certify that (I) (this hospital	1	1963 to	196				
that (I) (we) last saw the decease	ed alive an Jac 25T	1966 and that in (my) (our	apinion death occurred on the de				
and hour and from the causes 50	ted abave. (I) (We) (did) (did nat)	view the bady after death.					
23A. SIGNATURE	2.2		23B, DATE SIGNED				
Vo.	1111 2 SLAMA. A	ttending Med. Stoff Phys.	Ten 26 7066				
23C. PHYSICIAN'S	and the	23D. ADDRESS	Jan. 26, 1966				
NAME (Type)	03	The same of the sa	31.				
Louis J		DEO Tatapaco Me., -a.	Itimore 25, Ma.				
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION	(City, town, or county) (State)				
Burial 1-29-19	66 Meadowridge Me	emorial Park Baltimore,					
DATE REAL DE REAL IN DET I.	A SE A		ADDRESS Pitchia Harry Polti				
FEB 1 1966 (1)	50 50 44	George J. Conce-4001	er cente nama. Der er				

hetter from Du Ylassy H.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY	HEALTH DEPARTMENT	V	
BIRTH NO. 66 01000	CERTIFICA	TE OF DEATH	Registered No. 6	6 01000
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	11250A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND			e deceased lived. If insti	tution; residence before admission)
#	daniero de	A. STATE B. COUN	Ш.	
HOSPITAL OR (If not in hospital or institution, grant of the state of	ve street	C. CITY OR TOWN (If out	Side city limits, write RU	RAL and give township)
University no	Spilal	Boute:	#1 51	reet (200
University of	Maryland	D. STREET ADDRESS (If	rurol, give location)	
Baltimore, W				
WIDOWED,	NEVER MARRIED DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
to A. USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		South Ca	rolina	USA
13. FATHER'S NAME	/	14. MOTHER'S MAIDEN NAM	M.E.	
Linsey Cushat	-	Metals	E.S. COTT	TE
15. Was Deceased Ever in JU. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		Eddie Hi	11 Rt.#	= 1 Street, MD
1B. / 7 / X I	CAUSE O	FDEATH	,	INTERVAL BETWEEN ONSET AND DEATH
DÍSEÁSE OR CONDITION DIRECTLY LEADING TO DEATH	Co	1000	& + Ceruix	
(This does not meen the made of dying, e.g.,	DUE TO	reinoma	of CEVUIX	
heart failure, asthenia, etc. It means the diseose, injury ar complication which coused deoth.)	5	metasta	c.'s	
ANTECEDENT CAUSES	(B)	MEIUSIA	21.3	
DISEASES OR CONDITIONS, if ony, giving				
rise to the obave cause (A) stoting the UNDERLYING CONDITION last.	(C)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20 A. AUJOPSY? (Yes or No	20B, IF YES, WERE FIN	IDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR W		VES	IN CERTIFYING CAUS	ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., ir , form, foctory, street, of	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Bottimore C	City, give exact location)
21 D. TIME (Month) (Doy) (Year) (Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.) While	e At Not White			
22. I certify that (I) (this hospital) attended th	e deceosed from		19to	19
that (I) (we) lost sow the deceased alive on	***************************************	19ond the	ot in (my) (our) opini	on death occurred on the date
ond hour and from the causes stated above. (1)	(We) (did) (did not) v	iew the body ofter deoth.		
23A. SIGNATURE				3B. DATE SIGNED
Gerald telomp 1		s. Med. Director	Stoff Phys.	1-26-66
23 C. PHYSICIAN'S Gerald Lee Poin	ts 11	1 ADDRESS	1/200.7	5/
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY of CRE	MATORY 24D. I	OCATION (City.	town, or county) (State)
REMOVAL (Specify)		ME	70 (NA_
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O		250. FUNERAL DIRECTOR	DEL AI	ADDRESS
FEB 1 1966 Q.C. 1- 2050	West MA D	a larkan H. H	tolking.	DELTA PA.
VS 150-REV. 1/1/65	7		-	

